

Contract No.: DAWS01-95-D-0029
MPR Reference No.: 8574-003

1998 Health Care Survey of DoD Beneficiaries:

Summary Report on Catchment Areas For Region 9

September 1999

Submitted to:

United Healthcare
Global Consulting
12125 Technology Drive
Eden Prairie, MN 55343
(612) 833-7149

Project Officer:

Mary Zastrow

Submitted by:

Mathematica Policy Research, Inc.
600 Maryland Ave., SW, Suite 550
Washington, DC 20024-2512
(202) 484-9220

Project Director:

Myles Maxfield

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Acknowledgments

This report was prepared by Mathematica Policy Research, Inc., under subcontract to United Healthcare. The survey was conducted by Data Recognition Corporation, also under subcontract to United Healthcare. Both efforts were conducted under D/SSIDOMS Contract No. DAWS01-95-D-0029 with the TRICARE Management Activity (TMA), Office of the Assistant Secretary of Defense (Health Affairs), U.S. Department of Defense. The authors are grateful for the management and technical guidance of LTC Thomas Williams and Pat Golson of TMA. Errors and omissions are the responsibility of the authors.

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Contents

Chapter	Page
Exhibits	VII
Acronyms	IX
Executive Summary	XI
1 Introduction	1
Overview of the Health Care Survey of DoD Beneficiaries (HCSDB).....	1
Research Objective.....	1
The HCSDB in Context with Other MHS Surveys.....	2
Available Reports Based on the 1998 HCSDB	2
Methodology	3
- Sample Selection, Fielding of the Survey, and Response Rates.....	3
- Questionnaire Topics	4
Statistical Issues	5
Guide to Understanding the Survey Findings.....	5
Performance Standards	6
2 Satisfaction with TRICARE	7
3 Knowledge of and Satisfaction with Health Plan	11
4 Access to Health Care	15
5 Health Status and Health Care Use	21
6 Use of Preventive Services	27
7 Performance Improvement Plans.....	35

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Exhibits

Chapter	Page
2	Satisfaction with TRICARE 7
2.1	Average Ratings of Personal Doctor or Nurse, by Enrollment Status 8
2.2	Average Ratings of Military and Civilian Treatment Facilities, by Enrollment Status 9
2.3	Satisfaction with Military and Civilian Care..... 10
3	Knowledge of and Satisfaction with Health Plan 11
3.1	Intention to Enroll in or Disenroll from TRICARE Prime, Non-Active Duty Beneficiaries 12
3.2	Enrollees' Ratings of TRICARE Prime..... 13
3.3	Beneficiaries Reporting No Understanding of TRICARE 14
4	Access to Health Care 15
4.1	Waiting Period for Well-Patient Visits, by Enrollment Status and Type of Facility 17
4.2	Waiting More Than 30 Minutes in Doctor's Office or Clinic, by Enrollment Status and Type of Facility..... 18
4.3	Problems Getting Referrals to Specialists, by Type of Health Plan..... 19
4.4	Problems Getting Necessary Care, by Type of Health Plan..... 20
5	Health Status and Health Care Use 21
5.1	Physical and Mental Health Status of Beneficiaries in Region 9 Relative to the U.S. Population 23
5.2	Population with One or More Visits to a Military or Civilian Emergency Room, by Enrollment Status 24
5.3	Use of Military Pharmacies to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary..... 25
6	Use of Preventive Services 27
6.1	Timing of First Prenatal Care 29
6.2	Breast Cancer Screening in the Past 2 Years 30
6.3	Cervical Cancer Screening in the Past 3 Years, by Enrollment Status..... 31
6.4	Hypertension Screening in the Past 2 Years, by Enrollment Status 32
6.5	Flu Shots Among Population Age 65 and Over in the Past 12 Months 33
6.6	Prostate Disease Screening in the Past 12 Months, by Enrollment Status 34

7	Performance Improvement Plans	35
7.1	Vandenberg Air Force Base	36
7.2	Edwards Air Force Base	37
7.3	Naval Hospital, Camp Pendleton	38
7.4	Naval Medical Center, San Diego	39
7.5	Naval Hospital, Twenty-nine Palms	40
7.6	Fort Irwin	41
7.7	Los Angeles Air Station.....	42

Acronyms

ACH	Army Community Hospital
AFB	Air Force Base
AHC	Army Health Clinic
AMC	Army Medical Center
BRMCL	Branch Medical Clinic
CAHPS	Consumer Assessment of Health Plans Study
CONUS	Continental United States, Alaska, and Hawaii
CTF	Civilian Treatment Facility
DEERS	Defense Enrollment Eligibility Reporting System
DOD	Department of Defense
ER	Emergency Room
HCSDB	Health Care Survey of DoD Beneficiaries
HEAR	Health Enrollment/Evaluation Assessment Review
MHS	Military Health System
MTF	Military Treatment Facility
NACC	Naval Ambulatory Care Center
NH	Naval Hospital
NMC	Naval Medical Center
NMCL	Naval Medical Clinic
NNMC	National Naval Medical Center
OCONUS	Outside Continental United States (except Alaska and Hawaii)
PCM	Primary Care Manager
PIP	Performance Improvement Plan
TRICARE	Tri-Service Health Care
TMA	TRICARE Management Activity

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

This report presents the 1998 survey findings for the Region 9 catchment areas. The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. The following are the key research questions behind the survey design:

- How *satisfied* are DoD beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- Has beneficiaries' use of MHS services changed over time?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?
- What are the demographic characteristics of MHS beneficiaries?

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, covering all persons eligible for a MHS benefit on July 29, 1998. In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total Region 9 sample included 15,224 adults. Overall, 4,753 Region 9 MHS beneficiaries returned completed questionnaires by the due date, for a response rate of 32.6 percent.

Summary of Noteworthy Findings

Satisfaction with TRICARE

Personal Doctors, Nurses, and Primary Care Managers (PCMs)

- When asked to rate their personal doctors on a scale from 0 to 10, active duty TRICARE Prime enrollees in Region 9 gave their military PCMs ratings ranging from 7.4 at NH Camp Pendleton to 8.7 at Vandenberg AFB. Among non-active duty enrollees, ratings of military PCMs were highest at NH 29-Palms (8.7), compared to a regional average of 8.0.

Military and Civilian Facilities

- Active duty enrollees' ratings of MTF care ranged from 6.4 at NH 29-Palms to 8.0 at Los Angeles Air Station, compared to the Region 9 average of 6.6. Non-active duty ratings of MTFs ranged from 7.1 at Edwards AFB to 8.0 at Los Angeles Air Station, compared to an average of 7.5.
- In Region 9 overall, and in most catchment areas, beneficiaries were more satisfied with CTFs than MTFs. The proportion of beneficiaries satisfied with MTFs ranged from 58 percent out of catchment area to 74 percent at NH 29-Palms. CTF satisfaction ranged from 67 percent at NH 29-Palms and Fort Irwin to 85 percent at Edwards AFB and Vandenberg AFB.

TRICARE Prime Enrollment Intentions

- In Region 9 overall, 6 percent of non-active duty Prime enrollees with military PCMs planned to disenroll, as did 13 percent with civilian PCMs. Planned disenrollment rates for enrollees with civilian PCMs ranged from none at Fort Irwin to 19 percent out of catchment area.

Satisfaction with Health Plan

- Ratings of the TRICARE Prime health plan were lower than MTF or PCM ratings. Ratings were lowest at Edwards AFB and Vandenberg AFB (6.1) and highest at NMC San Diego (6.8), compared to the Region 9 average of 6.6 and CONUS MHS average of 6.1.

Knowledge and Understanding of TRICARE

- Understanding of TRICARE varied widely among Region 9 catchment areas. The proportion of beneficiaries reporting "no understanding" of TRICARE ranged from 7 percent at Los Angeles Air Station to 38 percent out of catchment area. At all other sites with large enough samples to estimate reliable rates, a minimum of 18 percent reported "no understanding".

Access to Health Care

Waiting Times

- Access to well care is generally high for TRICARE Prime enrollees. No catchment area falls significantly below the Region 9 average (93 percent) in the proportion of active duty enrollees receiving MTF well-patient appointments within 4 weeks. In all catchment areas at least 90 percent of non-active duty enrollees were seen at MTFs within 4 weeks.
- Twenty-six percent of active duty TRICARE Prime enrollees in Region 9 reported “usually or always” waiting 30 minutes or more past the appointed time at a MTF. Rates for active duty enrollees in Region 9 catchment areas ranged from 7 percent at Vandenberg AFB to 32 percent at NMC San Diego.

Access to Health Care

- TRICARE Prime enrollees in Region 9 frequently reported having a “big problem” getting referrals to specialists. Twenty-six percent of active duty enrollees reported “big problems”, as did 18 percent of non-active duty enrollees. Non-active duty problem rates ranged from 12 percent at NMC San Diego to 27 percent out of catchment area. Twenty-five percent or more of active duty enrollees reported “big problems” at all sites where rates could be reliably estimated.
- Eleven percent of active duty and 8 percent of non-active duty TRICARE Prime enrollees reported a “big problem” getting needed care. Among non-active duty enrollees, those at NMC San Diego and NH 29-Palms (4 percent) reported the fewest problems.

Health Status and Health Care Use

Physical and Mental Health

- Region 9 beneficiaries are in better than average physical and mental health compared with the general U.S. population. Fewer than half of Region 9 beneficiaries scored below the median score in the U.S. population in physical health (47 percent) or mental health (37 percent). The low physical health score rate ranged from 35 percent at Los Angeles Air Station to 54 percent at NH 29-Palms. The low mental health score rate ranged from 26 percent at Los Angeles Air Station to 43 percent at NH 29-Palms.

Emergency Room Use

- Nineteen percent of active duty enrollees in Region 9 reported at least one visit to a MTF emergency room, as did 15 percent of non-active duty enrollees. Active duty enrollees at Edwards AFB (28 percent) and non-active duty enrollees at NH 29-Palms (38 percent) were most likely to report MTF emergency room visits compared to their peers in Region 9.

Use of Military Pharmacies

- Retirees, survivors and dependents age 65 or over were the beneficiary group most likely to have filled 7 or more civilian prescriptions at military pharmacies in Region 9 (21 percent) and CONUS MHS (27 percent). Rates for this beneficiary group in Region 9 catchment areas were highest at Vandenberg AFB (39 percent) and NMC San Diego (29 percent).

Use of Preventive Services

- Most catchment areas met or exceeded Healthy People 2000 goals for breast and cervical cancer screening, hypertension screening, and flu immunization.
- Ninety-five percent of pregnant women in Region 9 reported first trimester prenatal care. The rate was highest at NMC San Diego (99 percent).
- The breast cancer screening rate was highest at Edwards AFB. Screening rates exceeded the Healthy People 2000 goal of 60 percent in all catchment areas with a large enough sample to estimate the screening rate reliably.
- In all catchment areas where Pap smear rates could be reliably estimated, rates for women enrolled in TRICARE Prime met or exceeded the Healthy People 2000 goal of 85 percent. All active duty women at Edwards AFB and out of catchment area reported receiving Pap smears.
- The proportion of active duty enrollees who were tested in the past two years and knew whether their blood pressure was high (86 percent) did not meet the Healthy People 2000 goal of 90 percent. At Los Angeles Air Station, rates for active duty enrollees (95 percent) and non-active duty enrollees with military PCMs (96 percent) were highest compared to their peers in Region 9. Non-active duty enrollees with civilian PCMs met the Healthy People 2000 goal in all catchment areas where rates could be reliably estimated.
- Beneficiaries in all catchment areas for which rates could be reliably estimated exceeded the Healthy People 2000 flu immunization goal of 60 percent. Flu shot rates ranged from 64 percent at Edwards AFB to 82 percent at NH Camp Pendleton.
- The proportion of men age 50 or over who were screened for prostate disease in the past year ranged from 57 percent of non-active duty Prime enrollees to 71 percent of non-Prime beneficiaries age 65 or over. The sample was too small to estimate a rate for active duty men.

Performance Improvement Plan

The Performance Improvement Plan (PIP) analysis highlights the features of MHS health care that, if improved, can lead to greater beneficiary satisfaction. This year's HCSDB revealed that the following aspects of care were critical to overall beneficiary satisfaction in Region 9 but nevertheless received relatively low satisfaction ratings:

- Access to health care
- Access to specialists
- Ability to diagnose health care problems

Chapter

1

Introduction

Overview of the Health Care Survey of DoD Beneficiaries (HCSDB)

The HCSDB is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

Research Objective

The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. This report presents findings from the survey. The exhibits address the following key research questions.

- How *satisfied* are MHS beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?

The HCSDB in Context with Other MHS Surveys

DoD conducts a number of consumer surveys related to the health and health care of MHS beneficiaries. However, only the HCSDB represents *all* MHS beneficiaries in the continental U.S., Alaska, and Hawaii (CONUS), and in Europe, Latin America, and Asia (OCONUS). It is also the only survey that reflects health care experiences at *both* MTFs and CTFs over a full 12-month period. Furthermore, no other DoD health-related survey collects information on the opinions and experiences of the overall MHS population, including active duty personnel and their families, retirees and their dependents, TRICARE Prime enrollees, Medicare beneficiaries, and MHS beneficiaries who chiefly rely on civilian providers and facilities despite having TRICARE benefits.

Other relevant DoD surveys include:

- **Health Enrollment/Evaluation Assessment Review (HEAR).** HEAR is a clinically oriented questionnaire completed by beneficiaries as they enroll in TRICARE Prime. The collection of health assessment data identifies individuals who have high risk factors for diseases, chronic conditions, and assesses the need for preventive or other medical services.
- **MTF Customer Satisfaction Survey.** This survey is mailed monthly to patients who were seen in the previous month at a MTF or freestanding clinic in the United States and Europe. The survey measures satisfaction with services received during a specific outpatient visit. Monthly reporting allows MTFs to be directly compared over time, with each other, and with civilian benchmarks.
- **Survey of Health-Related Behaviors among Military Personnel.** Conducted approximately every three years, this survey collects worldwide data only from active duty personnel on drug and alcohol use, fitness and cardiovascular disease risks, mental health, risk of injury, and other health-related behaviors.

Available Reports Based on the 1998 HCSDB

This report presents the HCSDB results for individual catchment areas in Region 9. This catchment area report is one of four types of reports published from the 1998 HCSDB. The following four types of reports are based on the 1998 HCSDB. The reports can be obtained via the TRICARE website at <http://www.TRICARE.OSD.mil>.

- **Key Findings for Regions:** The 15 regional reports summarize selected 1998 HCSDB findings. There is a report for each region in CONUS and one for each overseas region. Regions 7 and 8 have a combined report. The regional reports are identical in design. Each contains 24 bar graphs, or exhibits, that show the survey findings for a given region. Findings are reported for active and non-active duty MHS beneficiaries who were enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime health plan. Findings are also reported by age group (under age 65 or age 65 and over), type of primary care manager (PCM), and type of facility (military vs. civilian). Some exhibits also show comparisons of regional findings to overall CONUS MHS findings and to other regional findings. Lead Agents are encouraged to share this report with their staff members, MTF commanders, and other relevant officers with management responsibilities.

- **National Executive Summary Report:** This year's National Executive Summary Report of the HCSDB findings is the first of its kind. It mirrors the regional reports in design but covers the survey findings for all MHS beneficiaries residing within CONUS.
- **Summary Reports on Catchment Areas:** There are 15 catchment area reports. There is one for each region. The catchment reports are intended to give MTF commanders information specific to their particular catchment area. Similar to the regional reports, the catchment reports focus principally on active and non-active duty MHS beneficiaries enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime health plan. Catchment findings are also presented by age group (under age 65 or age 65 and over), type of PCM, and type of facility (military vs. civilian).
- **Medicare Subvention Demonstration Report:** The Medicare Subvention Demonstration has been sponsored by TRICARE and the Health Care Financing Administration to test a new system for financing health care for military retirees and their dependents age 65 and over. Elderly beneficiaries in seven demonstration areas are eligible to participate in a TRICARE Senior Prime plan. This year's Medicare Subvention Demonstration Report presents baseline findings for MTFs participating in the demonstration. Exhibits in the report display beneficiaries' demographic characteristics, health status, health care utilization, health plan enrollment, knowledge of TRICARE, and satisfaction with military and civilian health care. Findings are presented for beneficiaries age 65 or over and under age 65 in each demonstration area and for beneficiaries age 65 or over in MHS areas that are not participating in the demonstration.

Methodology

Sample Selection, Fielding of the Survey, and Response Rates

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, which covered all persons eligible for a MHS benefit on July 29, 1998, including personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families as well as retirees and their families.

In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total Region 9 sample included 15,224 adults. Overall, 4,753 MHS beneficiaries returned completed questionnaires by the due date, for a response rate of 32.6 percent.

Questionnaire Topics

The HCSDB questionnaire was revised in 1998. A copy of the questionnaire, located in the back pocket of this binder, is also available at the TRICARE web site, <http://www.TRICARE.OSD.mil>. In 1998, some questions from earlier surveys were dropped, other questions were revised, and, for the first time, the survey included or adapted questions from the federally developed Consumer Assessment of Health Plans Study (CAHPS). CAHPS contains core and supplemental survey questions that are widely used by commercial health plans, the Health Care Financing Administration, state Medicaid programs, and other organizations to assess consumer satisfaction with their health coverage. CAHPS questions will ultimately allow us to compare the satisfaction of MHS beneficiaries with other insured populations.

The 1998 HCSDB covered a wide range of topics in the following nine sections:

- **Use of Health Care.** Focuses on the use of MTFs and CTFs in the past 12 months, including number of nights in an inpatient facility, outpatient visits, emergency room visits, and use of military pharmacies to fill prescriptions written by civilian providers.
- **Preventive Health Care.** Concerns beneficiaries' receipt of preventive services including prenatal care; flu shots; and screening for breast cancer, cervical cancer, hypertension, and prostate disease.
- **Understanding TRICARE.** Explores beneficiaries' understanding of TRICARE overall and of specific features of TRICARE Prime, Senior Prime, and Extra/Standard.
- **Health Plan.** Concerns enrollment in TRICARE Prime, Senior Prime, and Extra/Standard, coverage by supplemental insurance, attitudes toward Prime and Senior Prime, and out-of-pocket-costs.
- **Satisfaction with Health Plan.** Explores beneficiaries' experiences with the health plan they use the most; covers experiences with their personal doctor or nurse (including a PCM), specialty care, customer service, claims processing, and resolution of complaints or problems.
- **Access to Health Care.** Focuses on waiting times for well-patient, minor illness, and specialty care; access to emergency care, experiences calling for appointments and with long waits in office or clinic waiting rooms.
- **Satisfaction with Health Care.** Explores a wide range of indicators of beneficiaries' satisfaction with the health care they received in the past 12 months at the facility they used most often. Topics include getting help or advice via the telephone, getting care when needed, attitudes of doctor's office and clinic staff, and quality of care.
- **Your Health.** Uses the SF-12, a well-regarded multipurpose series of 12 questions that provides a generic measure of health status.
- **Facts about You.** Covers basic demographic information for beneficiaries, including income, marital status, age, education, and race/ethnicity.

Statistical Issues

Accuracy of the Survey Estimates

The results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census, of the entire DEERS population, and because some of the surveyed beneficiaries chose not to respond. In accordance with standard statistical practice, the survey estimates have been weighted to ensure that the survey findings represent all MHS beneficiaries. The survey design also allows us to evaluate the precision of the estimates.

The sample size of some small groups of MHS beneficiaries, such as pregnant women in a particular catchment area, may make it impossible to develop a reliable estimate of the group's survey response. In this report, any cell meeting one of the following conditions is defined as a small cell: (1) the overall population count for the cell is under 200, (2) the number of completed questionnaires in the cell is less than 20, or (3) the cell contains an estimated proportion greater than 10 percent, but the standard error is more than 30 percent of the estimate. For these cases, estimates are not provided, but are replaced by two asterisks (**).

Case-Mix Adjustment

Some regional estimates in the regional and national HCSDB reports were adjusted to control for differences in the age and health status of the regions' beneficiary populations. This adjustment allows for "fairer" comparisons between regions. For instance, health status and age are often associated with patient reports about the quality of their health care. Compared with survey respondents in good health, survey respondents in poor health typically say they are less satisfied with the health care they receive. Older persons often report greater satisfaction with their health care than younger persons do. Thus, without adjustments for age and health status, regional differences in the survey estimates may actually reflect significant differences in the makeup of the population, such as a high proportion of retirees, rather than real variation in satisfaction with health care. There are no case mix adjustments in the catchment area report.

Guide to Understanding the Survey Findings

Outcome and Explanatory Variables

The research questions that underlie the HCSDB, outlined on page 1 of this report, are key to understanding the survey findings presented in this report. These questions imply two types of basic, analytic variables: dependent, or *outcome*, variables and independent, or *explanatory* variables. Outcome variables are beneficiaries' responses to the various survey questions on satisfaction, health care access, knowledge of TRICARE, use of health care, preventive services, etc. Explanatory variables, such as enrollment in Prime or type of facility, may help to explain some of the variation in responses given by different groups of beneficiaries.

For example, Exhibit 2.1 shows how different groups of MHS beneficiaries in Region 9 catchment areas rate their personal doctors. The exhibit addresses the question, "How do beneficiaries' ratings of their personal doctors and primary care managers (PCMs) (the outcome variables) differ by beneficiary category and type of PCM (the explanatory variables)?" In other words, is enrollment in TRICARE Prime or type of PCM related in some way to beneficiaries' level of satisfaction?

It is important to recognize that while some survey findings may *suggest* important differences in outcomes for different groups of MHS beneficiaries, one cannot conclude that these differences would persist after controlling for possible confounding variables not accounted for in the analysis, such as age, health status, sex, race and ethnicity, and others. More sophisticated statistical

techniques, such as multivariate analysis, can yield more definitive conclusions about the possible impact of any one “explanatory” variable on a particular outcome.

Exhibits

Most of the exhibits in this report, except for the performance improvement plans in chapter 7, are presented as tables. Some are presented as bar graphs. In the bar graphs, the outcome variables are represented by the vertical, or Y, axis. The explanatory variables are represented by the horizontal, or X, axis. For instance, in 2.3, the height of a bar represents the percentage of beneficiaries who agree or strongly agree with the statement, “I am satisfied with the health care that I received at military (or civilian) facilities.” The X-axis displays the different catchment areas in the region.

Differences in estimates are not described unless the findings are significantly different ($p < 0.05$).

Performance Standards

In Chapter 6, Use of Preventive Services, the findings for MHS beneficiaries are compared with the federal government’s *Healthy People 2000* goals for improving the nation’s health (see *Healthy People 2000 Review 1997*, DHHS Publication No. PHS 98-1256). Since national goals for prostate disease screening have not been established, Exhibit 6.6 refers to the relevant American Cancer Society recommendation.

Chapter

2

Satisfaction with TRICARE

This chapter focuses on two critical indicators of MHS beneficiary satisfaction with TRICARE health care: satisfaction with one's personal doctor or nurse, including PCMs, and satisfaction with health care facilities (military or civilian). Information on these indicators is derived from the answers to two sets of HCSDB survey questions:

- The first set of questions is new to the HCSDB. The questions in this set ask respondents to rate their personal doctor, nurse, PCM, or the facility they used the most "from 0 to 10 where 0 is the worst and 10 is the best". Results are reported in Exhibits 2.1 and 2.2.
- The second set of questions has been used in HCSDB surveys for several years. Questions in this set ask respondents how much they agree or disagree with the statement, "I am satisfied with the health care that I received at military (or civilian) facilities." Results are reported in Exhibit 2.3.

Key Findings

Personal Doctors, Nurses, and PCMs

- When asked to rate their personal doctors on a scale from 0 to 10, active duty TRICARE Prime enrollees in Region 9 gave their military PCMs ratings ranging from 7.4 at NH Camp Pendleton to 8.7 at Vandenberg AFB. Among non-active duty enrollees, ratings of military PCMs were highest at NH 29-Palms (8.7), compared to a regional average of 8.0.

Military and Civilian Facilities

- Active duty enrollees' ratings of MTF care ranged from 6.4 at NH 29-Palms to 8.0 at Los Angeles Air Station, compared to the Region 9 average of 6.6. Non-active duty ratings of MTFs ranged from 7.1 at Edwards AFB to 8.0 at Los Angeles Air Station, compared to an average of 7.5.
- In Region 9 overall, and in most catchment areas, beneficiaries were more satisfied with CTFs than MTFs. The proportion of beneficiaries satisfied with MTFs ranged from 58 percent out of catchment area to 74 percent at NH 29-Palms. CTF satisfaction ranged from 67 percent at NH 29-Palms and Fort Irwin to 85 percent at Edwards AFB and Vandenberg AFB.

-

2.1 Average Ratings of Personal Doctor or Nurse, by Enrollment Status

Q.52: How do you rate your personal doctor or nurse now? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best).

Catchment Area (DMIS Code)	Population	Average Rating				
		Enrolled in Prime under age 65			Not enrolled in Prime	
		Active Duty Military PCM	Non-Active Duty Military PCM	Non-Active Duty Civilian PCM	Under age 65	Age 65 or over
Vandenberg AFB (0018)	8,083	8.7	8.2	7.8	7.8	8.3
Edwards AFB (0019)	7,612	7.7	7.7	7.4	8.4	8.1
NH Camp Pendleton (0024)	50,771	7.4	7.8	7.9	7.4	8.4
NMC San Diego (0029)	88,340	7.9	8.0	7.7	8.1	8.7
NH 29-Palms (0030)	6,782	**	8.7	7.1	8.4	8.2
Ft. Irwin (0131)	3,211	**	8.5	7.9	8.4	**
Los Angeles Air Station (0248)	874	7.7	**	**	**	**
Out of catchment area (9909)	78,565	7.5	**	7.7	7.9	8.5
Region 9	244,237	7.7	8.0	7.8	7.9	8.5
CONUS MHS	3,437,063	7.7	8.1	7.7	8.3	8.7

Population:

Beneficiaries with a personal doctor or nurse (including a PCM)

What the exhibit shows:

- How beneficiaries rate their personal doctor or nurse
- How TRICARE Prime enrollees rate their PCM
- If some groups of beneficiaries in Region 9 catchment areas are more satisfied with their PCM, personal doctor, or nurse than others
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

Region 9 ratings of personal doctors or nurses ranged from 7.7 by active duty TRICARE Prime enrollees with military PCMs to 8.5 by non-Prime beneficiaries age 65 and over. Non-active duty enrollees rated their military PCMs 8.0.

Ratings varied widely by catchment area. PCM ratings by active duty beneficiaries ranged from 7.4 at NH Camp Pendleton to 8.7 at Vandenberg AFB. At NH 29-Palms, non-active duty enrollees rated their military PCMs 8.7.

2.2 Average Ratings of Military and Civilian Treatment Facilities, by Enrollment Status

Q.96: How do you rate all your health care from the facility you used most in the last 12 months? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best).

Catchment Area (DMIS Code)	Population	Average Rating							
		Enrolled in Prime under age 65				Not enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
Vandenberg AFB (0018)	12,606	7.2	**	7.2	7.6	**	7.8	**	8.5
Edwards AFB (0019)	12,654	6.9	**	7.1	7.5	**	8.2	**	8.7
NH Camp Pendleton (0024)	91,207	6.5	6.8	7.2	8.1	**	7.8	**	8.6
NMC San Diego (0029)	152,098	6.7	6.9	7.6	7.8	6.9	7.9	9.4	8.7
NH 29-Palms (0030)	16,830	6.4	**	7.7	6.5	**	8.1	**	8.5
Ft. Irwin (0131)	8,870	6.5	**	7.7	7.8	**	8.3	**	**
Los Angeles Air Station (0248)	3,805	8.0	**	8.0	**	**	**	**	**
Out of catchment area (9909)	89,424	6.6	**	**	7.6	**	8.0	**	8.8
Region 9	387,493	6.6	7.0	7.5	7.7	7.0	8.0	8.9	8.7
CONUS MHS	5,080,897	6.5	6.9	7.3	7.6	7.2	8.2	8.7	8.6

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- How beneficiaries rate MTFs and CTFs
- If beneficiaries are more or less satisfied with MTFs compared with CTFs
- If some groups of beneficiaries in Region 9 catchment areas are more satisfied with MTFs or CTFs compared with others in the region
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

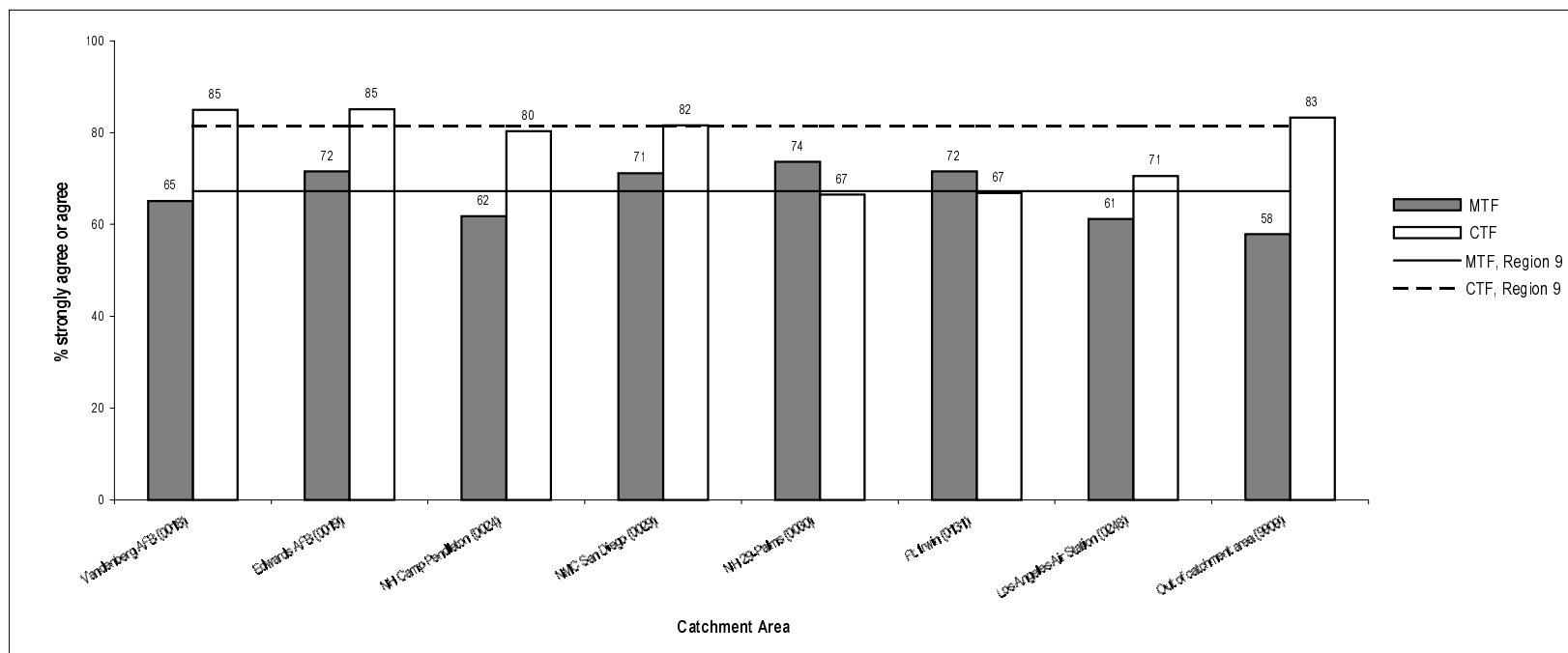
Ratings of care at MTFs ranged from 6.6 by active duty enrollees to 8.9 by non-Prime beneficiaries age 65 and over. Non-active duty enrollees rated MTFs 7.5. CTF ratings ranged from 7.0 by active duty enrollees to 8.7 by non-Prime beneficiaries age 65 and over.

In Region 9, active duty ratings of MTFs ranged from 6.4 at NH 29-Palms to 8.0 at Los Angeles Air Station. Non-active duty enrollees' MTF ratings ranged from 7.1 at Edwards AFB to 8.0 at Los Angeles Air Station.

2.3 Satisfaction with Military and Civilian Care

Q.99a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at military facilities"?

Q.103a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at civilian facilities"?



Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

Sample size:

5,406

Vertical axis:

Percent who "agree or strongly agree" that they are satisfied with the health care they received at MTFs or CTFs

Horizontal axis:

All catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- How satisfaction with MTFs and CTFs varies across catchment areas
- Whether beneficiaries are more satisfied with MTFs or CTFs

Findings:

The proportion of beneficiaries who were satisfied with care at MTFs ranged from 58 percent out of catchment area to 74 percent at NH 29-Palms. Satisfaction with CTFs ranged from 67 percent at NH 29-Palms and Fort Irwin to 85 percent at Vandenberg AFB and Edwards AFB.

Beneficiaries reported greater satisfaction with CTFs than with MTFs in all catchment areas, except NH 29-Palms and Fort Irwin. The amount by which CTF satisfaction exceeded MTF satisfaction was greatest out of catchment area (25 percentage points).

Chapter

3

Knowledge of and Satisfaction with Health Plan

This chapter explores MHS beneficiary satisfaction with the health plan they “used the most” in the past 12 months, including TRICARE Prime.

- Exhibit 3.1 shows how non-active duty beneficiaries, currently enrolled in TRICARE Prime responded to the question: “How likely are you to disenroll from TRICARE Prime for a different type of insurance coverage in the next 12 months?” It also shows how non-active duty beneficiaries, *not* currently enrolled in TRICARE Prime responded to the question asking: “How likely are you to enroll in TRICARE Prime in the next 12 months?”
- Exhibit 3.2 shows how enrollees rated TRICARE Prime using a scale “from 0 to 10 where 0 is the worst and 10 is the best.”
- Exhibit 3.3 shows how well beneficiaries felt they understood TRICARE in 1997 and 1998.

Key Findings

TRICARE Prime Enrollment Intentions

- In Region 9 overall, 6 percent of non-active duty Prime enrollees with military PCMs planned to disenroll, as did 13 percent with civilian PCMs. Planned disenrollment rates for enrollees with civilian PCMs ranged from none at Fort Irwin to 19 percent out of catchment area.

Satisfaction with Health Plan

- Ratings of the TRICARE Prime health plan were lower than MTF or PCM ratings. Ratings were lowest at Edwards AFB and Vandenberg AFB (6.1) and highest at NMC San Diego (6.8), compared to the Region 9 average of 6.6 and CONUS MHS average of 6.1.
- Knowledge and Understanding of TRICARE
- Understanding of TRICARE varied widely among Region 9 catchment areas. The proportion of beneficiaries reporting “no understanding” of TRICARE ranged from 7 percent at Los Angeles Air Station to 38 percent out of catchment area. At all other sites with large enough samples to estimate reliable rates, a minimum of 18 percent reported “no understanding”.

3.1 Intention to Enroll in or Disenroll from TRICARE Prime, Non-Active Duty Beneficiaries

Q.37: If you are currently enrolled in TRICARE Prime, how likely are you to disenroll from TRICARE Prime for a different type of insurance coverage in the next 12 months?

Q.39: If you are not currently enrolled in TRICARE Prime, how likely are you to enroll in TRICARE Prime in the next 12 months?

Catchment Area (DMIS Code)	Population	Enrolled in Prime under age 65		Not Enrolled in Prime under age 65
		(Percent Intending to Disenroll)		(Percent Intending to Enroll)
		Military PCM	Civilian PCM	
Vandenberg AFB (0018)	5,747	7.6	8.2	9.0
Edwards AFB (0019)	6,764	5.8	4.4	**
NH Camp Pendleton (0024)	39,238	6.6	**	0.5
NMC San Diego (0029)	74,116	3.9	7.4	**
NH 29-Palms (0030)	5,741	**	3.2	**
Ft. Irwin (0131)	4,252	4.2	0.0	**
Los Angeles Air Station (0248)	1,602	7.0	**	**
Out of catchment area (9909)	45,870	3.8	18.8	7.7
Region 9	183,331	5.6	12.7	9.0
CONUS MHS	2,539,984	7.2	9.4	9.0

Population:

Non-active duty beneficiaries under age 65

What the exhibit shows:

- Whether TRICARE Prime enrollees, with the option to *disenroll* from TRICARE Prime, plan to disenroll
- How likelihood to *disenroll* from TRICARE Prime varies by type of PCM
- Whether beneficiaries in any catchment areas are more likely to enroll in TRICARE Prime than their counterparts in other catchment areas
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

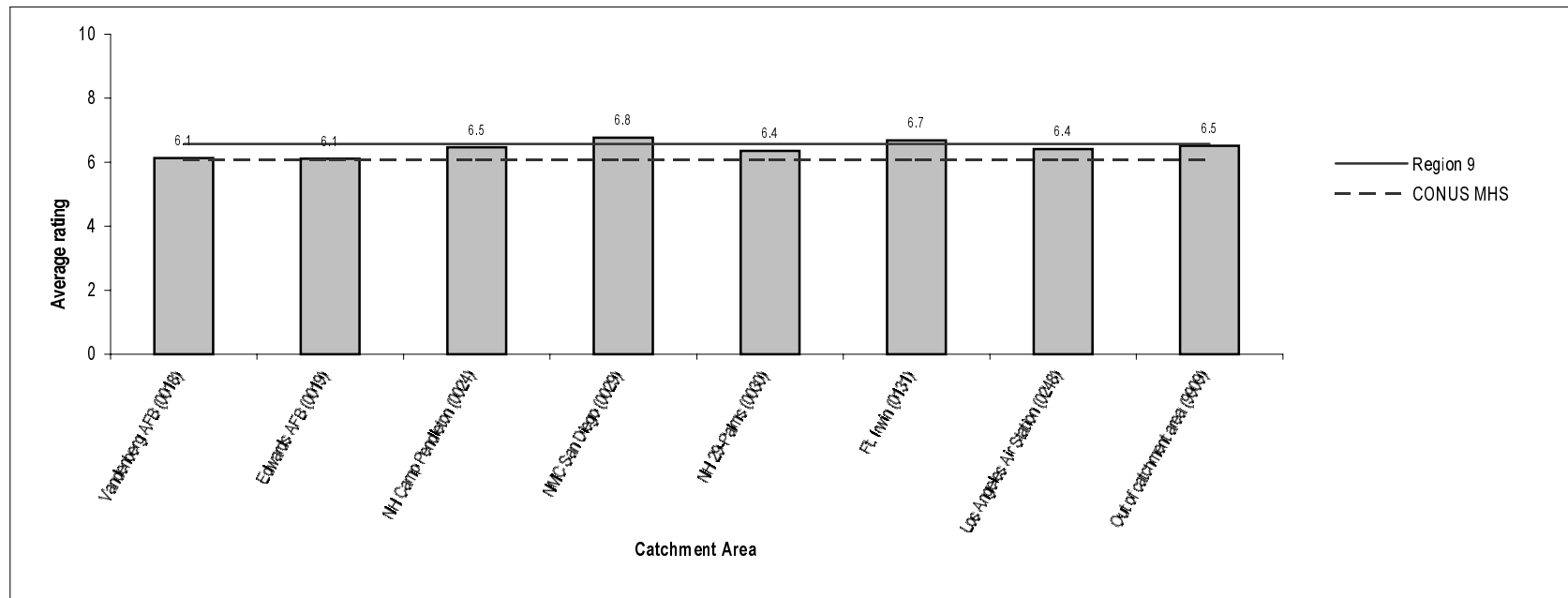
Six percent of non-active duty enrollees with military PCMs and 13 percent with civilian PCMs said they plan to disenroll from TRICARE Prime in the next 12 months. Nine percent of beneficiaries not enrolled in Prime planned to enroll in the next 12 months.

Among enrollees with civilian PCMs, plans to disenroll varied widely, ranging from none at Fort Irwin to 19 percent out of catchment area. Planned enrollment in Prime was lowest at Camp Pendleton (1 percent).

3.2 Enrollees' Ratings of TRICARE Prime

Q.50: Which health care plan did you use most in the last 12 months?

Q.73: We want to know your rating of all your experience with your health plan. How do you rate your health plan now? (Use a scale from 0 to 10 where 0 is the worst and 10 is the best.)



Population:
TRICARE Prime enrollees

Sample size:
2,582

Vertical axis:
Average rating of TRICARE Prime from 0 to 10, where 0 is the worst and 10 is the best

Horizontal axis:
All catchment areas

Double Asterisks ():**
Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- How TRICARE Prime enrollees rate their experience with TRICARE Prime
- If satisfaction with TRICARE Prime is higher in some catchment areas than in others

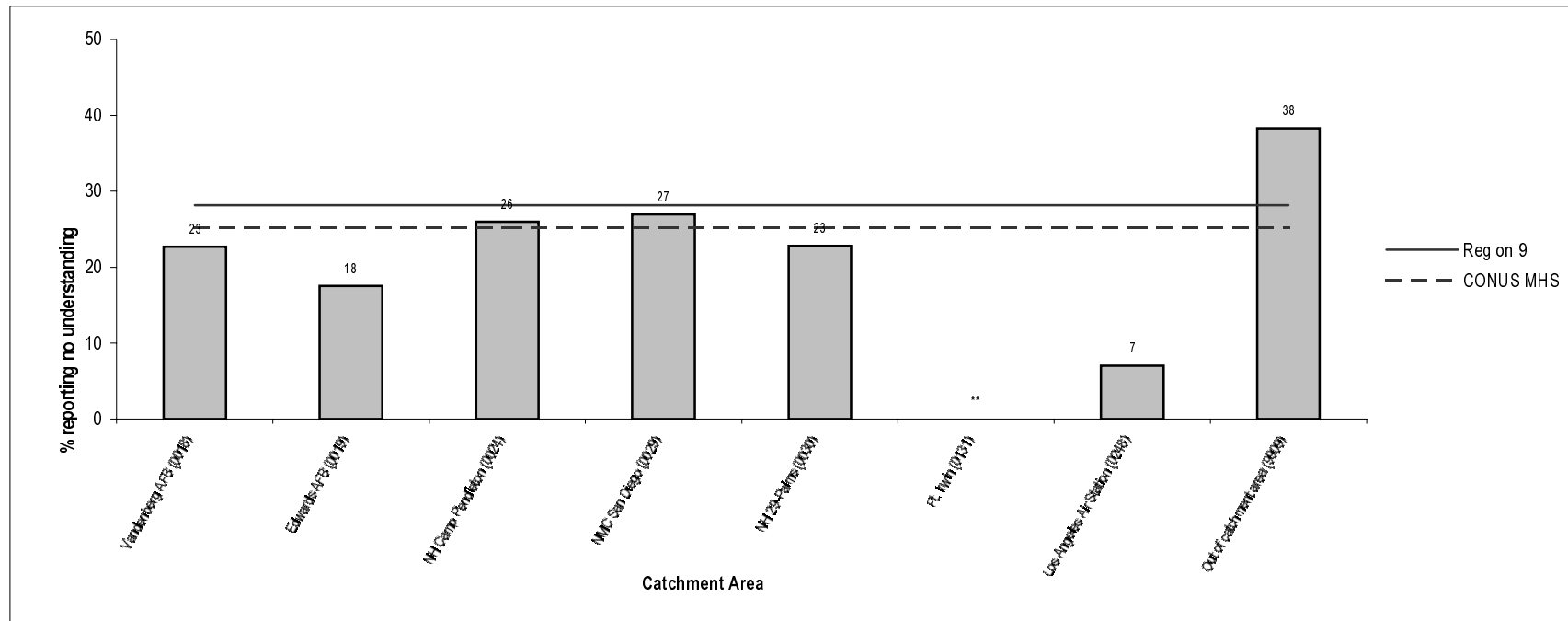
Findings:

TRICARE Prime enrollees in Region 9 rated their health plan 6.6.

Ratings of TRICARE Prime ranged from 6.1 at Edwards AFB and Vandenberg AFB to 6.8 at NMC San Diego.

3.3 Beneficiaries Reporting No Understanding of TRICARE

Q.32: How well do you feel you understand TRICARE overall?



Population:

All beneficiaries

Sample size:

4,577

Vertical axis:

Percent who report "no understanding" of TRICARE Prime

Horizontal axis:

All catchment areas

Double Asterisks ():**

Indicates that value is suppressed because of insufficient sample size

What the exhibit shows:

- The proportion of beneficiaries who report *not* understanding the TRICARE system
- How findings vary across catchment areas

Findings:

Overall, 28 percent of Region 9 beneficiaries said they had "no understanding" of TRICARE.

The proportion of beneficiaries reporting "no understanding" of TRICARE ranged from 7 percent at Los Angeles Air Station to 38 percent out of catchment area. At all other sites with a large enough sample to estimate the rate reliably, at least 18 percent said they had "no understanding".

Chapter

4

Access to Health Care

This chapter presents the findings on access to health care in the MHS. In the HCSDB, access was measured in terms of four basic indicators:

- **Waiting period for well-patient appointments**—TRICARE standards require that MHS beneficiaries be able to arrange for well-patient appointments in less than 4 weeks. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other beneficiaries are presented by the type of facility they report using most often (MTF or CTF). (See Exhibit 4.1).
- **Waiting past one's scheduled appointment time in a doctor's office or clinic**—TRICARE standards also require that MHS beneficiaries *not* wait more than 30 minutes past the appointed time in a doctor's office or clinic for a scheduled routine care visit. Exhibit 4.2 shows the percentage of active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and other beneficiaries who report "usually or always" waiting more than 30 minutes. The results for MTFs and CTFs are shown separately.
- **Getting referrals to specialists**—This is the first year that the HCSDB asked respondents: "How much of a problem, if any, was it to get a referral to a specialist that you needed to see?" The percentage of respondents who replied that it was "a big problem", is shown in Exhibit 4.3 by type of health plan: TRICARE Prime (active duty and non-active duty), Standard/Extra, Medicare, or other insurance.
- **Getting care that the beneficiary or a doctor "believed necessary"**—The survey also asked: "How much of a problem, if any, was it to get the care you or a doctor believed necessary?" The percentage of respondents who replied that it was "a big problem", is shown by type of health plan in Exhibit 4.4.

Key Findings

Waiting Times

- Access to well care is generally high for TRICARE Prime enrollees. No catchment area falls significantly below the Region 9 average (93 percent) in the proportion of active duty enrollees receiving MTF well-patient appointments within 4 weeks. In all catchment areas at least 90 percent of non-active duty enrollees were seen at MTFs within 4 weeks.
- Twenty-six percent of active duty TRICARE Prime enrollees in Region 9 reported “usually or always” waiting 30 minutes or more past the appointed time at a MTF. Rates for active duty enrollees in Region 9 catchment areas ranged from 7 percent at Vandenberg AFB to 32 percent at NMC San Diego.

Access to Health Care

- TRICARE Prime enrollees in Region 9 frequently reported having a “big problem” getting referrals to specialists. Twenty-six percent of active duty enrollees reported “big problems”, as did 18 percent of non-active duty enrollees. Non-active duty problem rates ranged from 12 percent at NMC San Diego to 27 percent out of catchment area. Twenty-five percent or more of active duty enrollees reported “big problems” at all sites where rates could be reliably estimated.
- Eleven percent of active duty and 8 percent of non-active duty TRICARE Prime enrollees reported a “big problem” getting needed care. Among non-active duty enrollees, those at NMC San Diego and NH 29-Palms (4 percent) reported the fewest problems.

4.1 Waiting Period for Well-Patient Visits, by Enrollment Status and Type of Facility

Q.77a: How many weeks did you usually have to wait between the time you made an appointment for care and the day you actually saw the provider...for a well-patient visit, such as a physical?

Catchment Area (DMIS Code)	Population	Percent of Population							
		Enrolled in Prime under age 65				Not Enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
Vandenberg AFB (0018)	10,086	80.6	**	98.5	84.3	**	91.8	**	92.2
Edwards AFB (0019)	10,627	92.2	**	90.0	97.7	**	96.8	**	94.3
NH Camp Pendleton (0024)	73,069	91.7	92.5	94.4	94.4	**	**	**	94.4
NMC San Diego (0029)	113,714	95.7	97.4	90.7	93.0	94.7	83.3	79.6	93.0
NH 29-Palms (0030)	12,421	94.7	**	99.4	73.3	**	95.4	**	93.4
Ft. Irwin (0131)	7,152	90.5	**	96.5	100.0	**	94.8	**	**
Los Angeles Air Station (0248)	2,536	95.6	**	100.0	**	**	**	**	**
Out of catchment area (9909)	74,041	91.1	**	**	91.7	**	94.0	**	95.9
Region 9	303,647	93.3	94.6	93.6	92.5	92.9	87.6	89.3	94.4
CONUS MHS	4,087,446	91.6	89.1	91.1	90.1	82.1	88.9	86.6	91.8

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- If TRICARE Prime enrollees are more likely than other beneficiaries to get well-patient visits within 4 weeks
- If waiting time for a well-patient visit varies by enrollment status or age
- If well-patient visits at MTFs are more likely to be available within 4 weeks compared with CTFs
- How findings vary across catchment areas

Double Asterisks (**):

Indicates that value is suppressed because of insufficient sample size

Findings:

The proportion of Region 9 beneficiaries who reported getting well-patient visits to MTFs within the 4-week TRICARE standard varied little by beneficiary group, ranging from 89 percent of non-Prime beneficiaries age 65 or over to 94 percent of non-active duty Prime enrollees. Ninety-three percent of active duty enrollees were seen within 4 weeks at MTFs.

Active duty enrollees were most likely to get a well-patient appointment in less than 4 weeks at Los Angeles Air Station (96 percent).

Non-active duty enrollees were most likely to be seen at a MTF within 4 weeks at Los Angeles Air Station (100 percent), NH 29-Palms (99 percent), and Vandenberg AFB (99 percent). At all sites, at least 90 percent of non-active duty enrollees were seen within 4 weeks.

4.2 Waiting More Than 30 Minutes in Doctor's Office or Clinic, by Enrollment Status and Type of Facility

Q.74: What type of facility did you go to most often for health care, or advice on health care?

Q.83: How often did you wait in the doctor's office or clinic more than 30 minutes past your appointment time for routine care?

Catchment Area (DMIS Code)	Population	Percent of Population							
		Enrolled in Prime under age 65				Not Enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
Vandenberg AFB (0018)	12,568	6.8	**	**	34.3	**	**	**	13.6
Edwards AFB (0019)	12,421	17.4	**	16.1	42.2	**	**	**	7.3
NH Camp Pendleton (0024)	90,755	25.5	32.9	20.3	16.1	**	**	**	8.1
NMC San Diego (0029)	150,764	32.1	**	24.5	28.2	27.2	**	8.7	6.2
NH 29-Palms (0030)	16,690	17.6	**	10.0	**	**	**	**	**
Ft. Irwin (0131)	8,739	26.9	**	16.0	38.2	**	**	**	**
Los Angeles Air Station (0248)	3,785	**	**	9.5	**	**	**	**	**
Out of catchment area (9909)	88,562	17.4	**	**	29.9	**	19.5	**	8.8
Region 9	384,284	26.1	26.3	20.6	27.1	30.3	18.9	5.8	8.1
CONUS MHS	5,057,820	24.0	29.2	18.3	24.1	24.9	18.4	10.2	14.3

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- If TRICARE Prime enrollees are more likely than other beneficiaries to wait more than 30 minutes for routine scheduled appointments
- If beneficiaries are more likely to wait more than 30 minutes for scheduled appointments at MTFs compared with CTFs
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

The proportion of beneficiaries who "usually or always" waited more than 30 minutes past a scheduled appointment at a MTF ranged from 6 percent of non-Prime beneficiaries age 65 or over to 30 percent of non-Prime beneficiaries under age 65. Twenty-six percent of active duty and 21 percent of non-active duty Prime enrollees reported long waits at MTFs.

Long waits at MTFs by active duty enrollees ranged from 7 percent at Vandenberg AFB to 32 percent at NMC San Diego.

Non-active duty enrollees were least likely to wait at a MTF more than 30 minutes at Los Angeles Air Station and NH 29-Palms (10 percent).

4.3 Problems Getting Referrals to Specialists, by Type of Health Plan

Q.50: Which health care plan did you use most in the last 12 months?

Q.53: In the last 12 months, did you or a doctor think you needed to see a specialist?

Q.54: How much of a problem, if any, was it to get a referral to a specialist that you needed to see?

Catchment Area (DMIS Code)	Population	Percent reporting a "big problem"				
		Active duty, Prime under age 65	Non-active duty, Prime under age 65	Standard/ Extra	Medicare, age 65 or over	Other insurance
Vandenberg AFB (0018)	7,112	**	16.7	**	0.0	3.3
Edwards AFB (0019)	6,207	36.1	25.8	**	**	5.6
NH Camp Pendleton (0024)	46,698	30.7	17.4	**	6.0	**
NMC San Diego (0029)	75,791	**	12.2	**	3.4	2.2
NH 29-Palms (0030)	7,081	39.6	**	**	0.0	0.0
Ft. Irwin (0131)	4,226	41.3	22.0	**	**	**
Los Angeles Air Station (0248)	1,854	32.4	**	**	**	**
Out of catchment area (9909)	52,480	24.8	27.0	**	0.8	6.0
Region 9	201,449	25.8	17.8	**	2.5	6.1
CONUS MHS	2,689,886	26.5	19.5	13.5	3.8	4.9

Population:

Beneficiaries who needed to see a specialist in the past 12 months

What the exhibit shows:

- If beneficiaries are more likely to report a big problem getting specialty referrals in some health plans compared with other health plans
- If specialty referrals are a greater problem in certain catchment areas compared with the region overall
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

"Big problems" getting specialty care in Region 9 varied widely by type of health plan and catchment area, ranging from 3 percent of Medicare beneficiaries to 26 percent of active duty Prime enrollees. Eighteen percent of non-active duty enrollees reported "big problems".

Twenty-five percent or more of active duty enrollees in all catchment areas (with a large enough sample to estimate the rate reliably) reported "big problems" getting a referral.

Problem rates for non-active duty Prime enrollees ranged from 12 percent at NMC San Diego to 27 percent out of catchment area.

4.4 Problems Getting Necessary Care, by Type of Health Plan

Q.50: Which health plan did you use most in the last 12 months?

Q.59: How much of a problem, if any, was it to get the care you or a doctor believed necessary?

Catchment Area (DMIS Code)	Population	Percent reporting a "big problem"				
		Active duty, Prime under age 65	Non-active duty, Prime under age 65	Standard/ Extra	Medicare, age 65 or over	Other insurance
Vandenberg AFB (0018)	11,819	9.6	10.4	**	0.0	3.7
Edwards AFB (0019)	12,290	7.4	12.4	**	**	4.7
NH Camp Pendleton (0024)	85,133	12.8	9.1	0.4	2.7	**
NMC San Diego (0029)	137,929	9.7	4.3	7.6	1.6	1.6
NH 29-Palms (0030)	15,983	**	3.9	**	0.0	8.1
Ft. Irwin (0131)	8,365	**	7.9	**	**	4.0
Los Angeles Air Station (0248)	2,997	16.7	**	**	**	**
Out of catchment area (9909)	79,094	7.3	12.7	9.9	0.7	6.0
Region 9	353,609	10.9	7.8	7.1	1.3	5.8
CONUS MHS	4,646,651	12.6	10.3	7.4	3.0	2.8

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- If beneficiaries are more likely to report a "big problem" getting care in some health plans compared with other plans
- If getting care is a greater problem in certain catchment areas compared with others

Double Asterisks (**):

Indicates that value is suppressed because of insufficient sample size

Findings:

Problems getting "necessary care" in Region 9 varied widely by type of plan and catchment area, ranging from 1 percent of beneficiaries with Medicare to 11 percent of active duty Prime enrollees. Non-active duty enrollees (8 percent) were less likely than their peers in CONUS MHS (10 percent) to report "big problems".

The proportion of active duty enrollees reporting a "big problem" ranged from 7 percent at Edwards AFB and out of catchment area to 17 percent at Los Angeles Air Station.

Non-active duty enrollees were least likely to report big problems getting needed care at NH San Diego (4 percent) and NH 29-Palms (4 percent).

Chapter

5

Health Status and Health Care Use

This chapter documents HCSDB findings on MHS beneficiaries' physical and mental health and presents summary data on emergency room use and use of military pharmacies to fill civilian prescriptions.

- **Physical and Mental Health Status**—The HCSDB incorporated questions from the SF-12, a widely used instrument for measuring physical and mental health status. In the SF-12, high scores are associated with better health. Exhibit 5.1 presents the proportion of people whose physical or mental health is worse than average. This means that if the reported proportion of beneficiaries in the exhibit is less than 50 percent, the reader can infer that the study population is, on average, healthier than the general U.S. population.
- **Emergency Room (ER) Utilization**—ER use is often viewed as an indicator of poor access to routine care. This exhibit shows the percentage of MHS beneficiaries who reported at least one visit to a military or civilian emergency room in the past 12 months. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other Region 9 beneficiaries are presented by the type of facility (MTF or CTF). (See Exhibit 5.2).
- **Military Pharmacies and Civilian Prescriptions**—Earlier surveys have found that a substantial portion of MHS beneficiaries use military pharmacies to obtain prescriptions drugs that were ordered by a civilian provider. This year, the analysis focuses on those with higher usage, that is, the percentage of the population who had a military pharmacy fill at least seven prescriptions ordered by a civilian provider (see Exhibit 5.3).

Key Findings

Physical and Mental Health

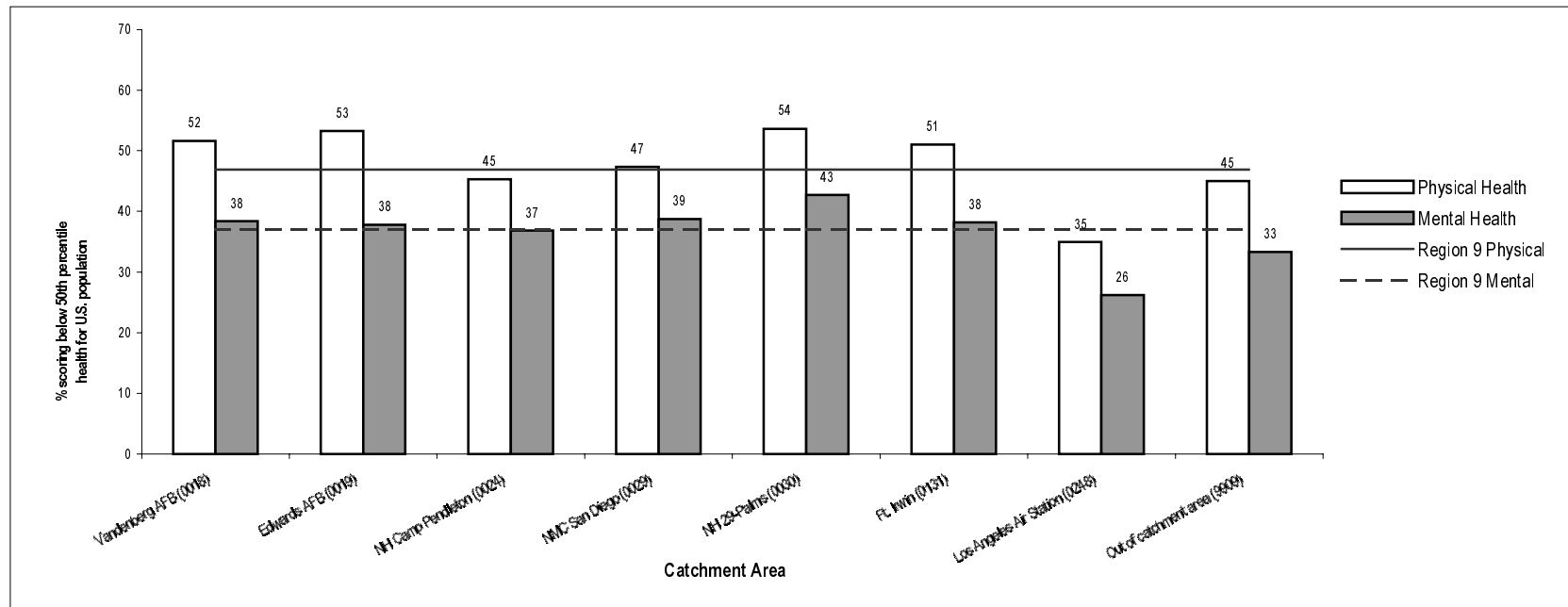
- Region 9 beneficiaries are in better than average physical and mental health compared with the general U.S. population. Fewer than half of Region 9 beneficiaries scored below the median score in the U.S. population in physical health (47 percent) or mental health (37 percent). The low physical health score rate ranged from 35 percent at Los Angeles Air Station to 54 percent at NH 29-Palms. The low mental health score rate ranged from 26 percent at Los Angeles Air Station to 43 percent at NH 29-Palms.

Emergency Room Use

- Nineteen percent of active duty enrollees in Region 9 reported at least one visit to a MTF emergency room, as did 15 percent of non-active duty enrollees. Active duty enrollees at Edwards AFB (28 percent) and non-active duty enrollees at NH 29-Palms (38 percent) were most likely to report MTF emergency room visits compared to their peers in Region 9.
- Use of Military Pharmacies
- Retirees, survivors and dependents age 65 or over were the beneficiary group most likely to have filled 7 or more civilian prescriptions at military pharmacies in Region 9 (21 percent) and CONUS MHS (27 percent). Rates for this beneficiary group in Region 9 catchment areas were highest at Vandenberg AFB (39 percent) and NMC San Diego (29 percent).

5.1 Physical and Mental Health Status of Beneficiaries in Region 9 Relative to the U.S. Population

This chart presents a composite result derived from responses to questions 105 through 111, which relate to general physical and mental health. These scores are age-adjusted.



Population:

All beneficiaries

Sample size:

9,066

Vertical axis:

Percent of the adult MHS population whose physical or mental health score (adjusted for age) is below the 50th percentile score for the overall adult U.S. population

Horizontal axis:

All catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- How the overall physical and mental health status of Region 9 catchment area beneficiaries compares with that of the general U.S. population
- How the physical and mental health of MHS beneficiaries varies across catchment areas

Findings:

In Region 9 overall, 47 percent of beneficiaries scored below the median physical health score in the U.S. Thirty-seven percent of beneficiaries scored below the median mental health score.

Low physical health score rates ranged from 35 percent at Los Angeles Air Station to 54 percent at NH 29-Palms.

Low mental health score rates ranged from 26 percent at Los Angeles Air Station to 43 percent at NH 29-Palms.

5.2 Population with One or More Visits to a Military or Civilian Emergency Room, by Enrollment Status

Q.11: How many times did you go to a military emergency room to get care for yourself?

Q.13: How many times did you go to a civilian emergency room for your own care?

Catchment Area (DMIS Code)	Population	Percent of Population							
		Enrolled in Prime under age 65				Not Enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
Vandenberg AFB (0018)	26,237	14.5	5.1	8.9	7.5	1.5	**	2.4	23.1
Edwards AFB (0019)	27,237	28.0	2.6	26.1	11.3	5.2	**	3.7	33.8
NH Camp Pendleton (0024)	197,593	18.1	5.7	15.0	6.5	6.9	**	3.9	25.3
NMC San Diego (0029)	352,755	19.6	1.4	15.2	3.9	18.4	7.5	5.6	19.0
NH 29-Palms (0030)	38,306	22.7	4.9	37.7	**	**	9.3	6.3	29.5
Ft. Irwin (0131)	19,840	23.7	5.2	30.1	**	**	7.4	**	**
Los Angeles Air Station (0248)	7,995	5.3	9.3	4.2	21.0	**	**	**	**
Out of catchment area (9909)	203,913	11.4	11.2	3.2	11.0	3.1	16.4	0.0	26.6
Region 9	873,875	19.0	4.0	14.9	7.2	10.9	11.8	2.8	23.8
CONUS MHS	11,163,792	20.0	5.7	21.2	9.6	6.0	17.7	6.2	20.7

Population:

All beneficiaries

What the exhibit shows:

- If TRICARE Prime enrollees are more likely to use an emergency room compared with other beneficiaries
- If use of MTF emergency rooms is greater than use of CTF emergency rooms
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

In Region 9 overall, 19 percent of active duty enrollees reported using a MTF emergency room at least once in the last 12 months, while 4 percent reported using a CTF emergency room. Fifteen percent of non-active duty enrollees used a MTF emergency room and 7 percent used a CTF emergency room.

The proportion of active duty enrollees using a MTF emergency room was highest at Edwards AFB (28 percent). Among non-active duty enrollees, the proportion with a MTF emergency room visit was highest at NH 29-Palms (38 percent) and Fort Irwin (30 percent).

Twenty-one percent of non-active duty enrollees at Los Angeles Air Station reported a CTF emergency room visit.

Eighteen percent of non-Prime beneficiaries under age 65 at NMC San Diego reported a MTF emergency room visit.

5.3 Use of Military Pharmacies to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary

Q.14: How many prescriptions did you have that were written by a civilian provider but were filled with a military pharmacy?

Catchment Area (DMIS Code)	Population	Percent filling 7 or more civilian prescriptions			
		Active Duty under age 65	Dependents of Active Duty, under age 65	Retirees, Survivors, and Dependents, under age 65	Retirees, Survivors, and Dependents, age 65 or over
Vandenberg AFB (0018)	13,195	1.0	2.0	10.4	38.6
Edwards AFB (0019)	13,640	0.9	2.1	7.8	27.2
NH Camp Pendleton (0024)	99,513	1.8	2.3	2.7	20.0
NMC San Diego (0029)	175,774	1.5	5.6	11.7	29.3
NH 29-Palms (0030)	19,256	1.4	6.6	7.7	20.5
Ft. Irwin (0131)	9,925	0.9	3.6	10.7	**
Los Angeles Air Station (0248)	4,004	2.3	0.0	0.0	**
Out of catchment area (9909)	100,495	3.7	5.5	6.2	**
Region 9	435,803	1.7	4.3	8.2	21.3
CONUS MHS	5,569,364	2.2	6.2	10.8	27.4

Population:

All beneficiaries

What the exhibit shows:

- If beneficiaries in some catchment areas have filled 7 or more civilian prescriptions in military pharmacies
- If some groups of beneficiaries are more likely to fill civilian prescriptions at military pharmacies
- How findings vary across catchment areas

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

Findings:

Relying on military pharmacies for civilian prescriptions is most common among retirees, survivors, or dependents age 65 and over. In Region 9 overall, 21 percent of this beneficiary group filled at least 7 civilian prescriptions at a military pharmacy. The rate for retirees, survivors, or dependents under age 65 was 8 percent.

In the 65 and over group, relying on military pharmacies for civilian prescriptions was most common at Vandenberg AFB (39 percent), followed by NMC San Diego (29 percent).

Among retirees, survivors and dependents under age 65, the proportion using a military pharmacy to fill at least 7 civilian prescriptions ranged from 0 percent at Los Angeles Air Station to 12 percent at NMC San Diego.

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Chapter

6

Use of Preventive Services

This chapter analyzes a series of survey questions that asked MHS beneficiaries to report their use of selected preventive services: prenatal care in the first trimester of pregnancy, breast and cervical cancer screening, flu shots among the elderly, and screening for hypertension and prostate disease.

- The findings for MHS beneficiaries are compared with the federal government's Healthy People 2000 goals for improving the nation's health (see Healthy People 2000 Review 1997, DHHS Publication No. PHS 98-1256). In the bar graphs, the Healthy People 2000 goals are indicated by hatched lines; findings for Region 9 overall are indicated by solid lines.
- Exhibits 6.1, 6.2, and 6.5, show how use of prenatal care, screening for breast cancer and flu shots varies by catchment area. Exhibits 6.3, 6.4, and 6.6 show results for cervical cancer, hypertension, and prostate disease screening for active duty Prime enrollees, non-active duty Prime enrollees, and all other beneficiaries. Since national goals for prostate disease screening have not been established, the findings can be assessed with respect to the American Cancer Society recommendation that men age 50 and over be screened annually for prostate disease.

Key Findings

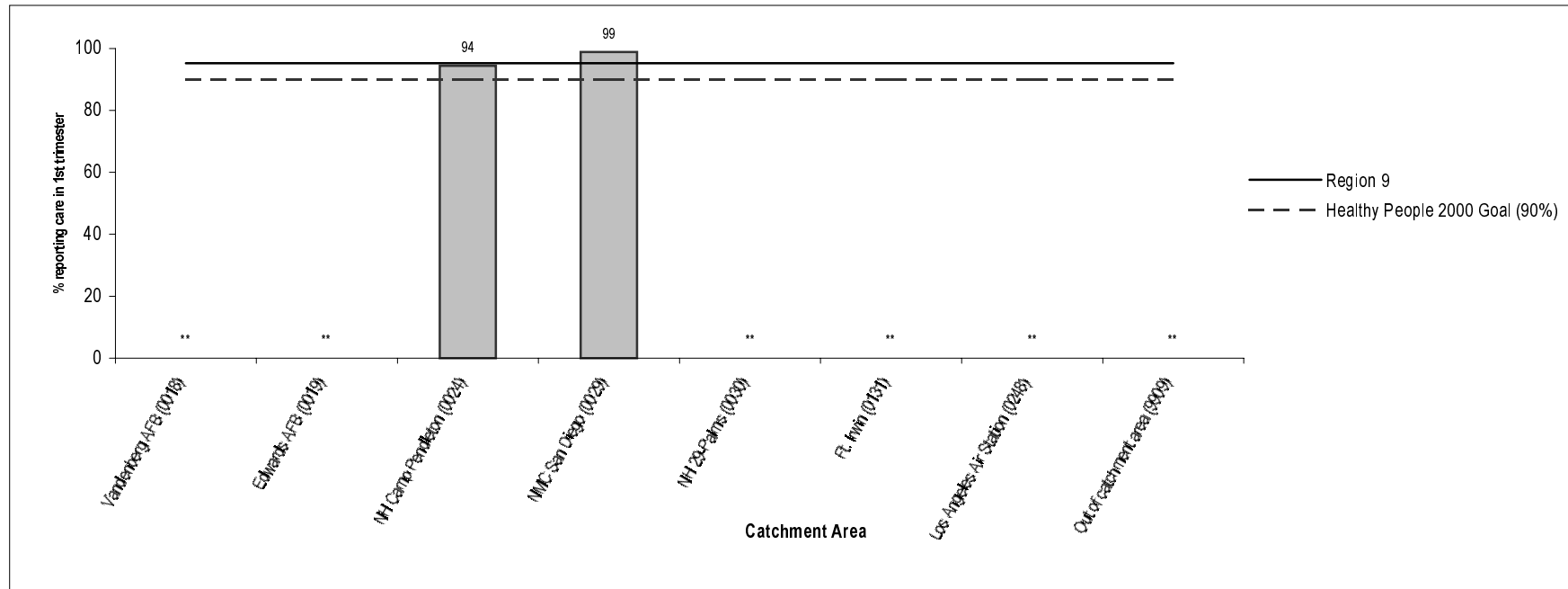
- Most catchment areas met or exceeded Healthy People 2000 goals for breast and cervical cancer screening, hypertension screening, and flu immunization.
- Ninety-five percent of pregnant women in Region 9 reported first trimester prenatal care. The rate was highest at NMC San Diego (99 percent).
- The breast cancer screening rate was highest at Edwards AFB. Screening rates exceeded the Healthy People 2000 goal of 60 percent in all catchment areas with a large enough sample to estimate the screening rate reliably.
- In all catchment areas where Pap smear rates could be reliably estimated, rates for women enrolled in TRICARE Prime met or exceeded the Healthy People 2000 goal of 85 percent. One hundred percent of active duty women at Edwards AFB and out of catchment area reported receiving Pap smears.
- The proportion of active duty enrollees who were tested in the past two years and who knew whether their blood pressure was high (86 percent) did not meet the Healthy People 2000 goal

of 90 percent. At Los Angeles Air Station, rates for active duty enrollees (95 percent) and non-active duty enrollees with military PCMs (96 percent) were highest compared to their peers in Region 9. Non-active duty enrollees with civilian PCMs met the Healthy People 2000 goal in all catchment areas where rates could be reliably estimated.

- Beneficiaries in all catchment areas for which rates could be reliably estimated exceeded the Healthy People 2000 flu immunization goal of 60 percent. Flu shot rates ranged from 64 percent at Edwards AFB to 82 percent at NH Camp Pendleton.
- The proportion of men age 50 or over who were screened for prostate disease in the past year ranged from 57 percent of non-active duty Prime enrollees to 71 percent of non-Prime beneficiaries age 65 or over. The sample was too small to estimate a rate for active duty men.

6.1 Timing of First Prenatal Care

Q.31: When during your pregnancy did you first begin receiving prenatal care from a doctor or other health care professional?



Population:

Female beneficiaries, age 18 and over, who reported being pregnant "now" or in the past 12 months

Sample size:

205

Vertical axis:

Percent who had prenatal care in their first trimester of pregnancy

Horizontal axis:

All catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- The percent of pregnant women who had a prenatal visit during their first trimester of pregnancy
- If access to prenatal care varies by catchment area
- If Region 9 catchment areas meet the Healthy People 2000 goal that at least 90 percent of pregnant women get care in their first trimester

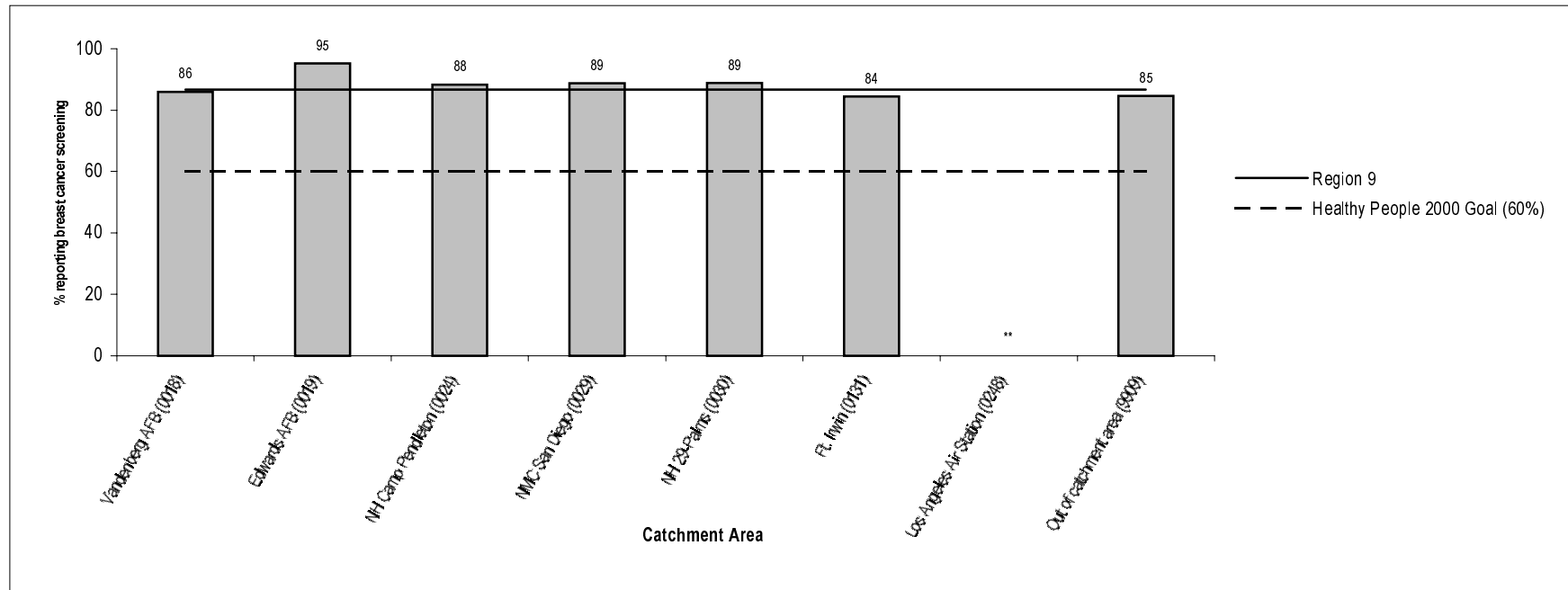
Findings:

Ninety-five percent of pregnant women in Region 9 reported first trimester prenatal care, exceeding the Healthy People 2000 goal.

The early prenatal care rate was highest at NMC San Diego (99 percent).

6.2 Breast Cancer Screening in the Past 2 Years

Q.29b: When was the last time your breasts were checked by mammography or other x-ray like procedure?



Population:

Female beneficiaries age 50 and over

Sample size:

729

Vertical axis:

Percent who reported having "mammography or other x-ray like procedure" in the past 2 years

Horizontal axis:

All catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- The percent of women age 50 or over who had a mammogram or other x-ray like procedure for breast cancer screening in the past two years
- If Region 9 catchment areas meet the Healthy People 2000 goal that at least 60 percent of women age 50 and over have been screened for breast cancer in the past two years
- How findings vary across catchment areas

Findings:

In Region 9 overall, 87 percent of women age 50 and over were screened for breast cancer in the previous two years.

The breast cancer screening rate was highest at Edwards AFB (95 percent).

All catchment areas (with large enough samples for a reliable estimate) exceeded the Healthy People 2000 goal of 60%.

6.3 Cervical Cancer Screening in the Past 3 Years, by Enrollment Status

Q.28: When did you last have a routine female examination with a Pap smear?

Catchment Area (DMIS Code)	Population	Percent of Population				
		Enrolled in Prime under age 65			Not enrolled in Prime	
		Active Duty Military PCM	Non-Active Duty Military PCM	Non-Active Duty Civilian PCM	Under age 65	Age 65 or over
Vandenberg AFB (0018)	6,772	**	92.4	92.8	91.0	72.8
Edwards AFB (0019)	7,131	100.0	94.5	93.6	94.4	88.3
NH Camp Pendleton (0024)	44,487	98.8	93.6	96.0	84.3	90.4
NMC San Diego (0029)	76,027	98.9	91.0	88.2	92.6	82.4
NH 29-Palms (0030)	6,457	**	92.0	92.2	**	89.4
Ft. Irwin (0131)	4,646	**	94.4	85.9	86.9	**
Los Angeles Air Station (0248)	2,288	**	93.3	**	**	**
Out of catchment area (9909)	43,583	100.0	**	92.2	90.4	87.5
Region 9	191,390	95.6	92.5	91.9	90.6	85.6
CONUS MHS	2,635,949	96.5	93.3	92.4	85.6	85.4

Population:

Female beneficiaries age 18 and over

What the exhibit shows:

- The percent of women who have been screened for cervical cancer in the past 3 years
- If some groups of women are more likely than others to be screened
- If Region 9 catchment areas meet the Healthy People 2000 goal that at least 85 percent of women have had a pap smear in the past 3 years
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

In Region 9 overall, the proportion of women with a Pap smear in the past 3 years ranged from 86 percent of non-Prime beneficiaries age 65 or over to 96 percent of active duty enrollees with a military PCM. Ninety-three percent of non-active duty enrollees with a military PCM reported a Pap smear.

Screening rates among active duty women reached 100 percent at Edwards AFB and out of catchment area.

Prime enrollees in all catchment areas (with large enough samples for a reliable estimate) met or exceeded the Healthy People 2000 goal of 85 percent.

6.4 Hypertension Screening in the Past 2 Years, by Enrollment Status

Q.17a: When did you last have a blood pressure reading?

Q.17b: Do you know if your blood pressure is too high or not?

Catchment Area (DMIS Code)	Population	Percent of Population				
		Enrolled in Prime under age 65			Not enrolled in Prime	
		Active Duty Military PCM	Non-Active Duty Military PCM	Non-Active Duty Civilian PCM	Under age 65	Age 65 or over
Vandenberg AFB (0018)	12,908	90.8	94.1	96.9	94.0	95.1
Edwards AFB (0019)	13,680	93.1	93.7	93.2	96.1	96.9
NH Camp Pendleton (0024)	100,584	85.4	89.1	96.6	87.4	98.1
NMC San Diego (0029)	175,973	85.2	87.8	92.9	82.3	93.0
NH 29-Palms (0030)	19,155	83.5	90.4	92.7	95.4	95.4
Ft. Irwin (0131)	9,672	85.8	94.2	90.5	94.0	**
Los Angeles Air Station (0248)	4,001	94.7	96.2	**	**	**
Out of catchment area (9909)	101,265	93.6	**	92.1	89.2	92.7
Region 9	437,239	86.2	89.6	93.3	86.3	93.9
CONUS MHS	5,580,883	90.1	91.4	94.0	90.4	95.7

Population:

All beneficiaries

What the exhibit shows:

- Percent of beneficiaries who had a blood pressure reading in the past 2 years *and* know if their blood pressure is too high
- If some groups of MHS beneficiaries are more likely than others to be aware of their risk for hypertension
- If Region 9 catchment areas meet the Healthy People 2000 goal for hypertension screening of 90 percent
- How findings vary by catchment area

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

The proportion of Region 9 beneficiaries who were tested in the previous 2 years and knew if their blood pressure was too high ranged from 86 percent of active duty enrollees with a military PCM and non-Prime beneficiaries under age 65 to 94 percent of non-Prime beneficiaries age 65 and over.

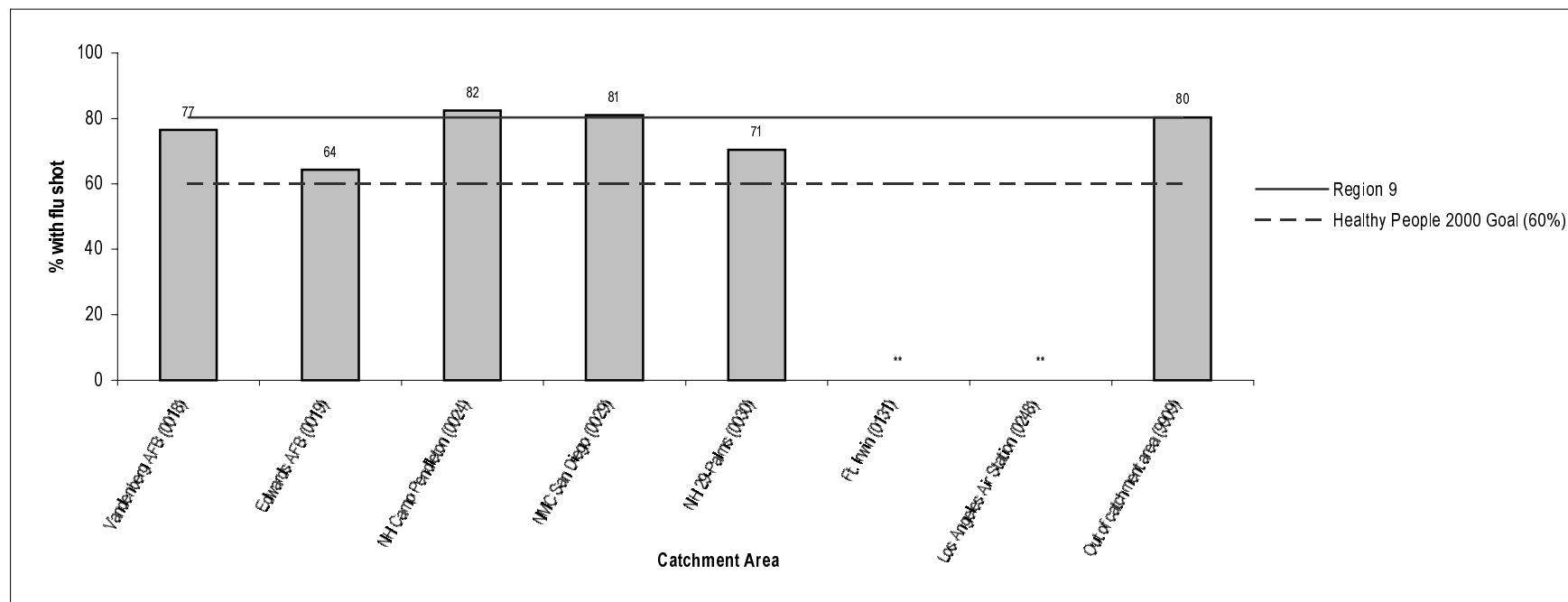
Hypertension screening rates were highest among active duty enrollees at Los Angeles Air Station (95 percent) and among beneficiaries out of catchment area (94 percent).

Among non-active duty enrollees with military PCMs, the screening rate was highest at Los Angeles Air Station (96 percent).

In all catchment areas (with large enough samples for a reliable estimate) non-active duty enrollees with civilian PCMs met or exceeded the Healthy People 2000 goal.

6.5 Flu Shots Among Population Age 65 and Over in the Past 12 Months

Q.19: When did you last have a flu shot?



Population:

Beneficiaries age 65 and over

Sample size:

848

Vertical axis:

Percent who had a flu shot less than 12 months ago

Horizontal axis:

All catchment areas

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- The percent of beneficiaries age 65 and over who had a flu shot in the past 12 months
- If some catchment areas are more likely than others to provide flu shots to beneficiaries age 65 or older
- If Region 9 catchment areas meet the Healthy People 2000 goal that 60 percent of persons age 65 or over get an annual flu shot

Findings:

In Region 9 overall, 80 percent of beneficiaries age 65 and over had a flu shot in the past 12 months. Annual flu shot rates ranged from 64 percent at Edwards AFB to 82 percent at NH Camp Pendleton.

All catchment areas (with large enough samples for a reliable estimate) met or exceeded the Healthy People 2000 flu shot goal.

6.6 Prostate Disease Screening in the Past 12 Months, by Enrollment Status

Q.27: When was the last time you had a prostate gland examination or blood test for prostate disease?

Catchment Area (DMIS Code)	Population	Percent of Population			
		Enrolled in Prime under age 65		Not enrolled in Prime	
		Active Duty	Non-Active Duty	Under age 65	Age 65 or over
Vandenberg AFB (0018)	3,541	**	57.7	72.7	71.0
Edwards AFB (0019)	2,672	**	60.0	64.1	81.5
NH Camp Pendleton (0024)	17,212	**	64.1	**	72.1
NMC San Diego (0029)	37,846	**	56.0	52.5	66.0
NH 29-Palms (0030)	2,187	**	70.1	**	94.6
Ft. Irwin (0131)	389	**	**	**	**
Los Angeles Air Station (0248)	298	**	**	**	**
Out of catchment area (9909)	46,970	**	52.9	63.0	73.2
Region 9	111,115	**	56.6	59.6	71.2
CONUS MHS	1,604,826	50.9	58.9	58.5	75.1

Population:

Male beneficiaries age 50 and over

What the exhibit shows:

- Percent of men age 50 and over who had a prostate exam in the past 12 months
- How the findings vary by enrollment status
- If some catchment areas are more likely than others to screen men for prostate disease

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

The American Cancer Society recommends annual screening for prostate disease for men age 50 and over.

Prostate screening rates ranged from 57 percent of non-active duty enrollees to 71 percent of non-Prime beneficiaries age 65 and over.

Ninety-five percent of non-Prime beneficiaries age 65 or over at NH 29-Palms received prostate screening.

Chapter 7

Performance Improvement Plan

This chapter presents a performance improvement plan (PIP) for each catchment area. In summarizing the satisfaction questions in the 1998 HCSDB, the purpose of the PIP is to identify: (1) the key aspects of services or care that most influence beneficiary satisfaction in the region and (2) those aspects that need to be improved in order to increase beneficiary satisfaction.

Each point in the exhibits represents one of the questions about satisfaction with military health care, Questions 100 a-s. For example, point H represents beneficiary satisfaction with the length of the wait in the provider's office, as indicated by the key to the right of the plot. The "importance" score in the figure (Y-axis) is the correlation of overall satisfaction with ratings of these individual aspects of health care. (A correlation was developed for each item). For example, the correlation for office waiting time would indicate how "important" office waiting time is in determining the respondent's overall satisfaction with military care. The closer a point is to the top of the exhibit, the more important the item is to overall satisfaction with military health care.

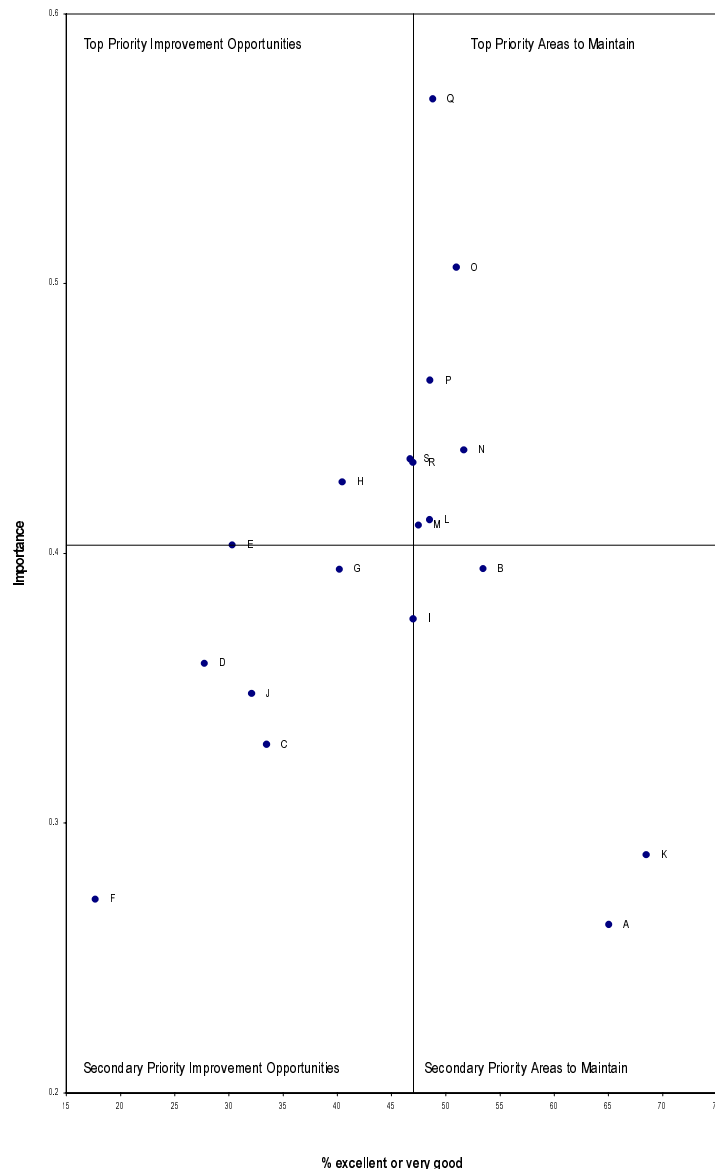
Services above the horizontal line, in the middle of the exhibit, are of greater importance to beneficiaries than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical line, and those they are more satisfied with lie to the right of the line.

The quadrants may be interpreted as follows:

- **Top priority improvement opportunities are in the top left quadrant.** These aspects of health care should receive top priority for improvement because they are the ones with which beneficiaries are relatively dissatisfied and are important to overall satisfaction. These areas offer the greatest potential for increasing overall beneficiary satisfaction.
- **Top priority aspects of care to maintain are in the top right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied and that are important to overall satisfaction. These current levels of care in these areas should be maintained.
- **Secondary priority improvement opportunities are in the bottom left quadrant.** These aspects of health care may need to be improved because beneficiaries are dissatisfied with them, but the priority for attending to them is relatively low because they are not especially important to overall satisfaction.
- **Secondary priority improvement opportunities are in the bottom right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied but are not especially important to overall satisfaction. To the extent that these aspects of care meet beneficiaries' expectation, they should be maintained at their current level, but because they have relatively less to do with overall satisfaction, they can receive secondary priority.

7.1 Performance Improvement Plan, Vandenberg AFB

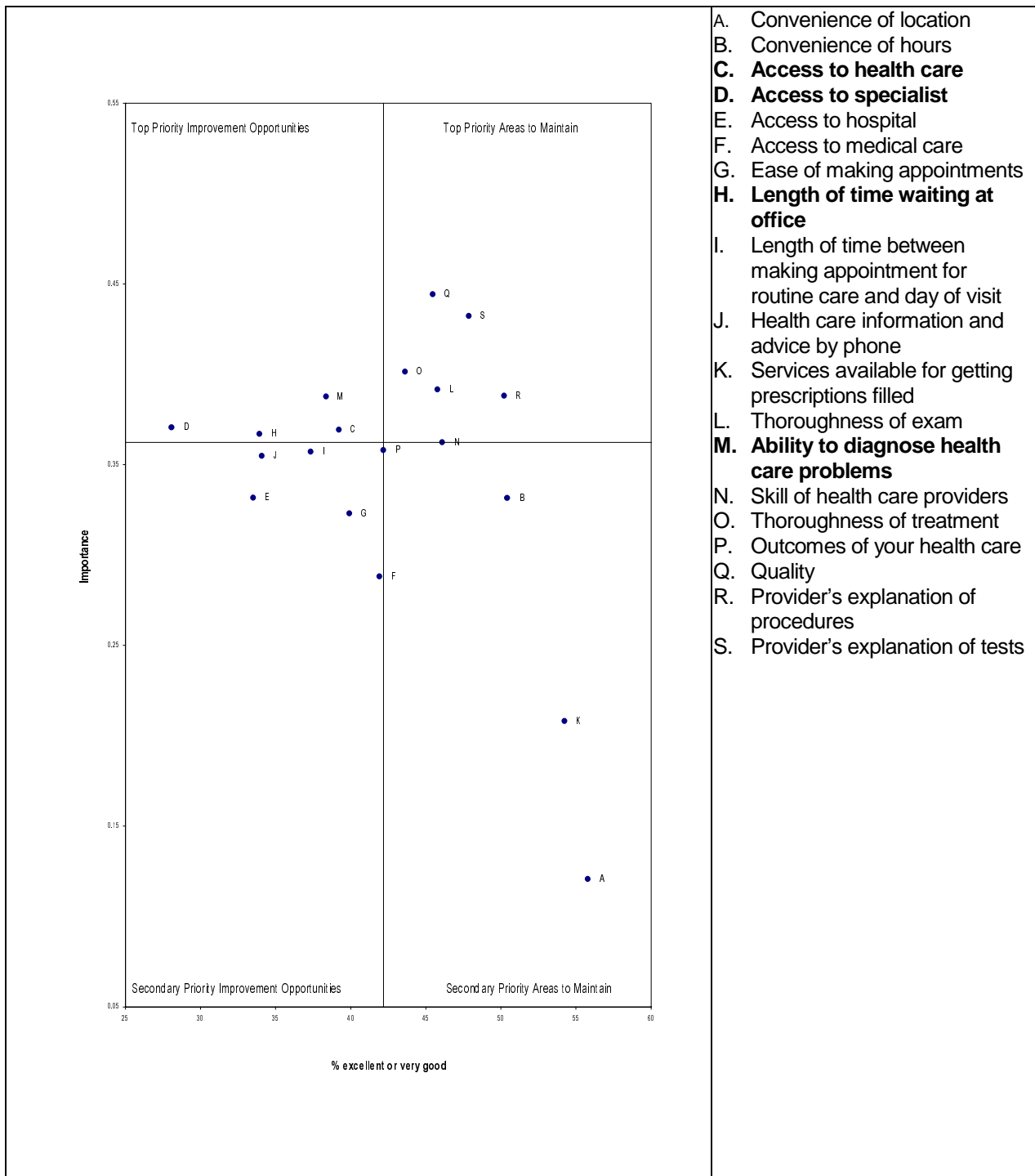
Bold items in the key to the right of this PIP identify aspects of military health care at Vandenberg AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



- A. Convenience of location
- B. Convenience of hours
- C. Access to health care
- D. Access to specialist
- E. Access to hospital**
- F. Access to medical care
- G. Ease of making appointments
- H. Length of time waiting at office**
- I. Length of time between making appointment for routine care and day of visit
- J. Health care information and advice by phone
- K. Services available for getting prescriptions filled
- L. Thoroughness of exam
- M. Ability to diagnose health care problems
- N. Skill of health care providers
- O. Thoroughness of treatment
- P. Outcomes of your health care
- Q. Quality
- R. Provider's explanation of procedures**
- S. Provider's explanation of tests**

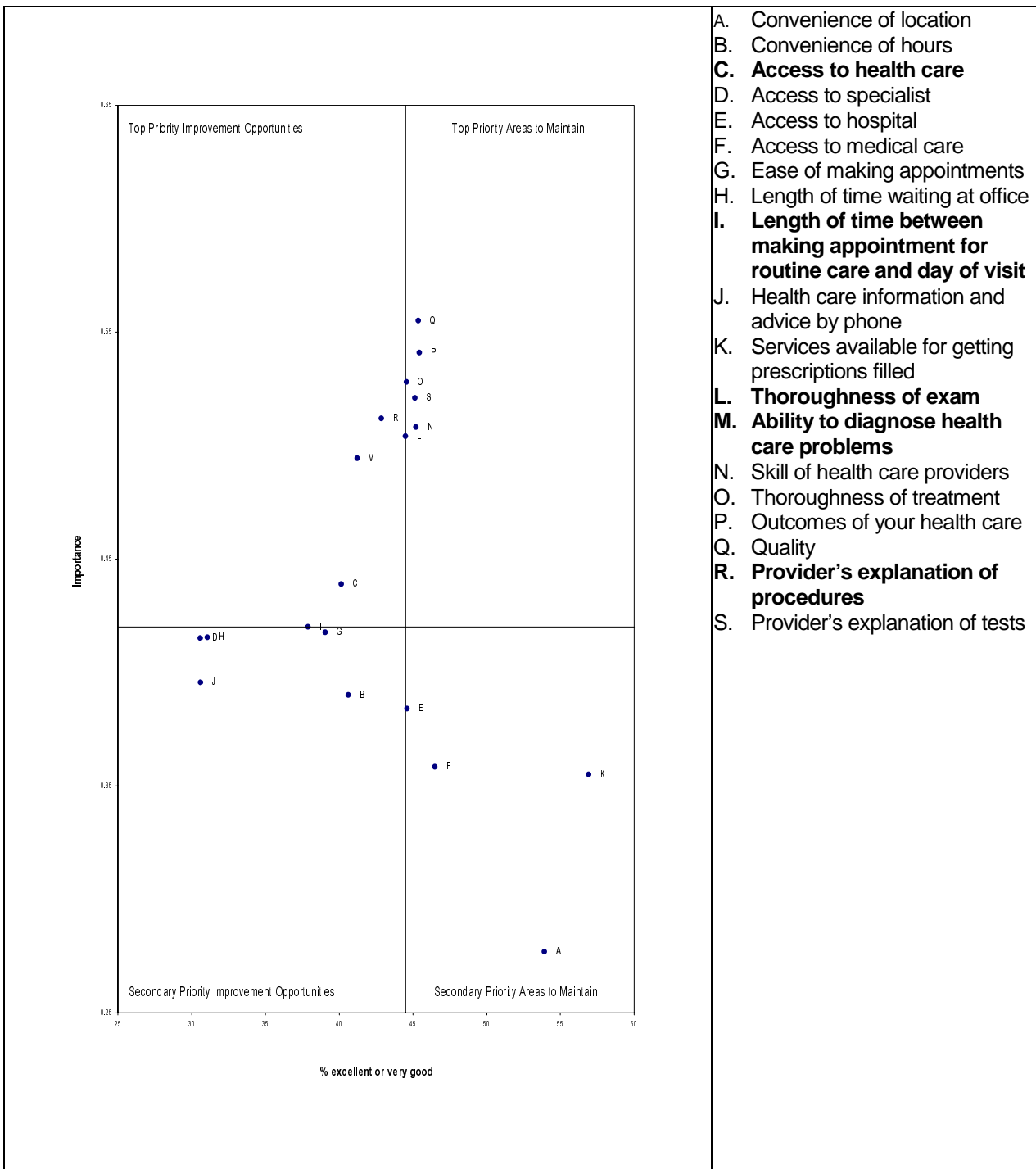
7.2 Performance Improvement Plan, Edwards AFB

Bold items in the key to the right of this PIP identify aspects of military health care at Edwards AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



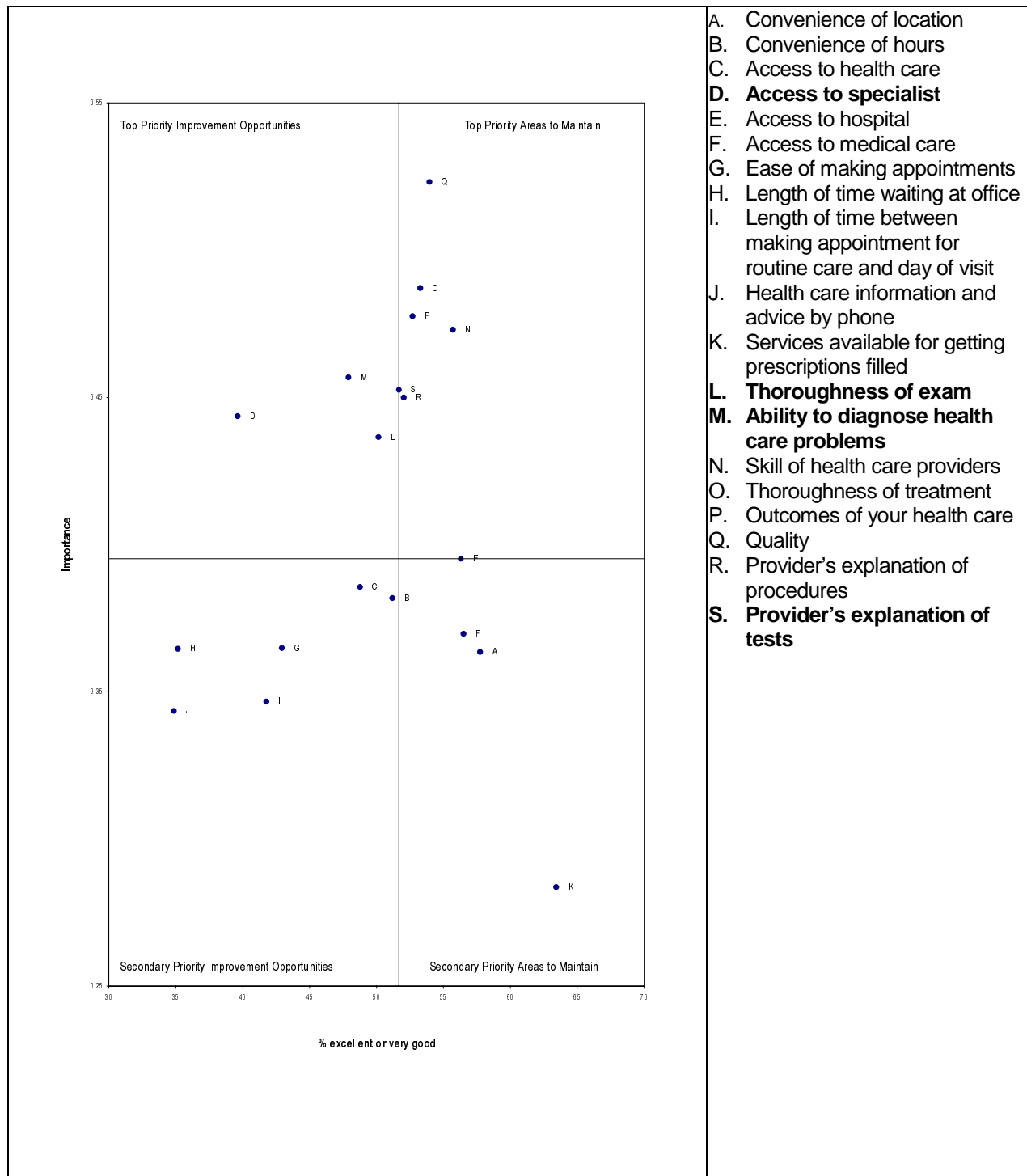
7.3 Performance Improvement Plan, NH Camp Pendleton

Bold items in the key to the right of this PIP identify aspects of military health care at NH Camp Pendleton that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



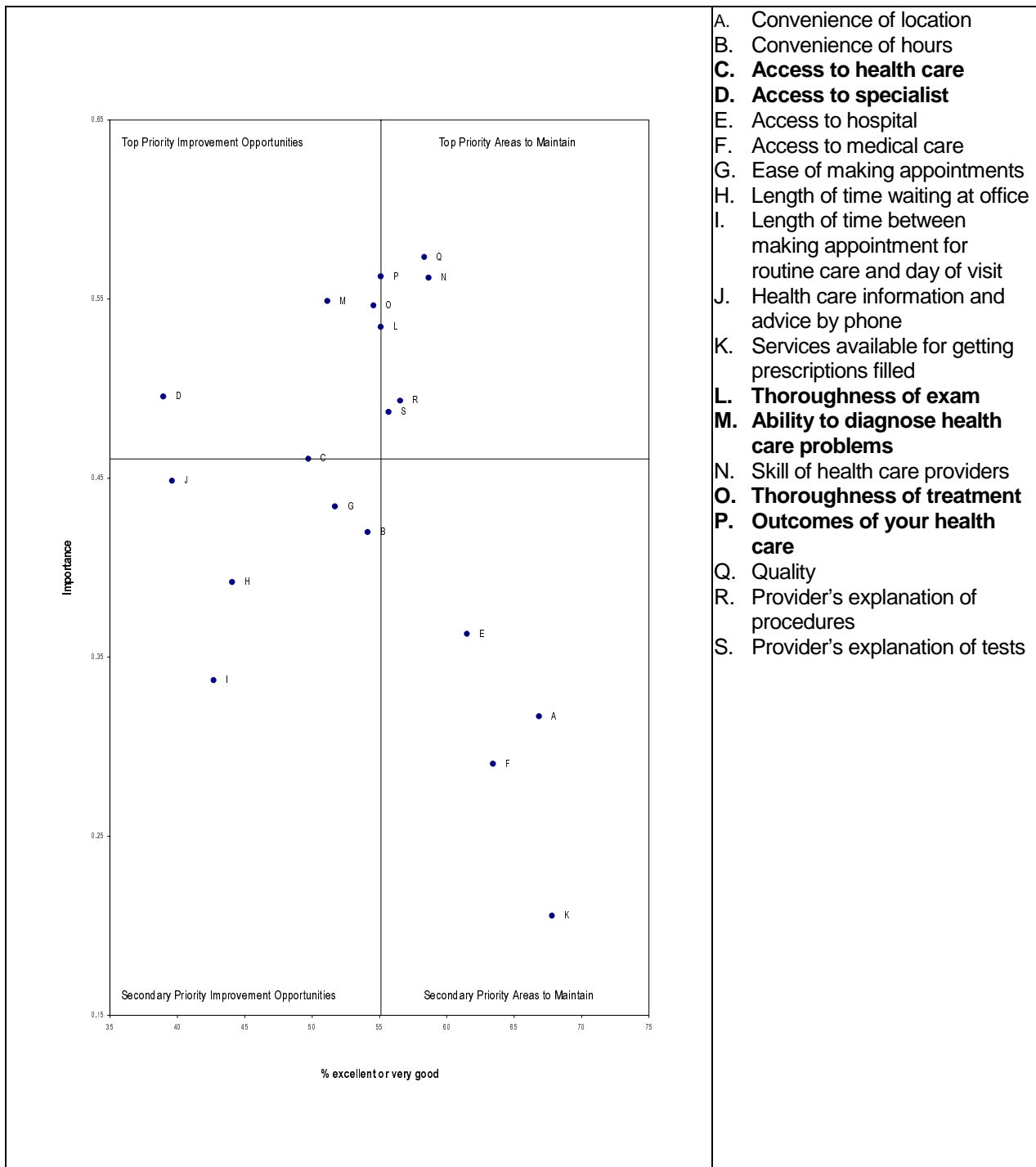
7.4 Performance Improvement Plan, NMC San Diego

Bold items in the key to the right of this PIP identify aspects of military health care at NMC San Diego that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



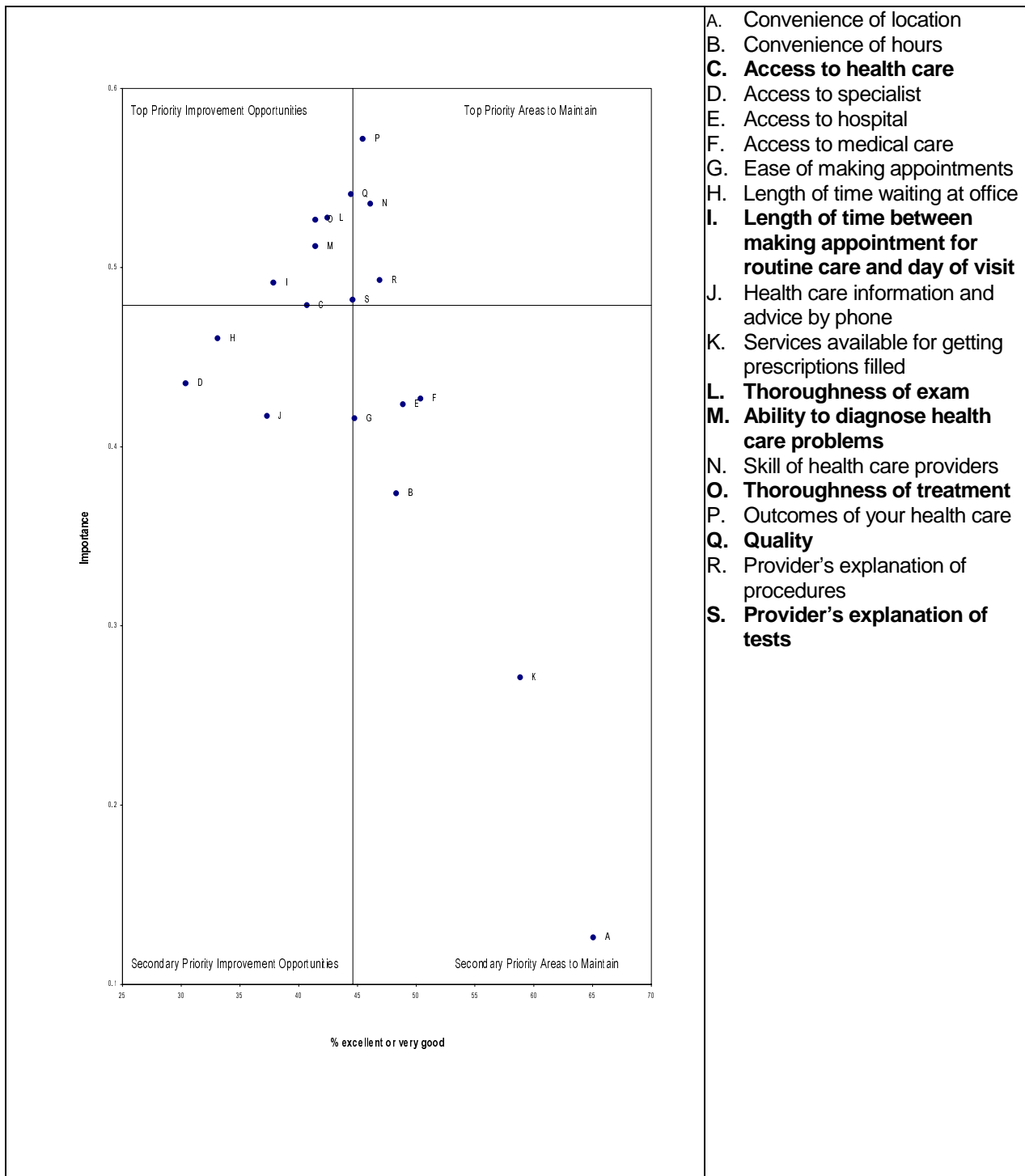
7.5 Performance Improvement Plan, NH 29-Palms

Bold items in the key to the right of this PIP identify aspects of military health care at NH 29-Palms that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



7.6 Performance Improvement Plan, Fort Irwin

Bold items in the key to the right of this PIP identify aspects of military health care at Fort Irwin that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



7.7 Performance Improvement Plan, Los Angeles Air Station

Bold items in the key to the right of this PIP identify aspects of military health care at Los Angeles Air Station that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].

